

# UNDERSTANDING GAMBLING HARMS IN LGBTQ+ COMMUNITIES

## PHASE 3

Findings from a photovoice study

DECEMBER 2025



University of Brighton

GambLGBTQ+

switchboard



GambleAware

Advice | Tools | Support

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## GAMBLGBTQ+

GambLGBTQ+ is a collaboration between the University of Brighton, YouGov, Brighton and Hove LGBT Switchboard, and LGBTQ+ communities, including those with lived experience of gambling harms.

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This work was funded by GambleAware. GambleAware is the leading independent charity and strategic commissioner of gambling harm education, prevention, early intervention, and treatment across Great Britain. They are dedicated to keeping individuals safe from gambling harms. They work in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other mental health services.

For further information, please contact the project team: [lgbtqgambling@brighton.ac.uk](mailto:lgbtqgambling@brighton.ac.uk)

**The GambLGBTQ+ research output consists of a series of reports:**

- Understanding gambling harms in LGBTQ+ communities: Findings from a national survey, a follow up online community, and interviews.
- Understanding gambling harms in LGBTQ+ communities: Findings from a national survey, a follow up online community, and interviews. Technical report.
- Understanding gambling harms in LGBTQ+ communities: Findings from a photovoice study (this report)

**Lay summaries of these reports are available as follows**

- Understanding gambling harms in LGBTQ+ communities. Phase 1 Findings from a national survey.
- Understanding gambling harms in LGBTQ+ communities. Phase 2 Findings from an online community and in-depth interviews.
- Understanding gambling harms in LGBTQ+ communities. Phase 3 Findings from a photovoice study.

**All reports are available in the public domain found here:**

GambLGBTQ+ Blog or <https://blogs.brighton.ac.uk/gambling-harms>

## I. CONTENT NOTE

This report includes mentions of discrimination, mental health, addiction, and has strong language and themes of a potentially distressing or triggering nature. Please refer to the section 'Gambling-related support' for more information on a range of help and support available, if needed.

## II. NOTE ON TERMINOLOGY

As a research team, we seek to follow best practice of using person-centred language when we are not directly quoting participants.<sup>1</sup> This is to reduce some of the stigma associated with gambling harms and avoid using potentially pathologising language e.g. we use 'a person who gambles' and not 'gambler', and 'person experiencing gambling harms' and not a 'gambling addict'. This report centres the voices of those with lived experience, and it is important to enable them to use the language they perceive as reflective of their experience. While we are mindful of the language used, we also recognise the value of multiple voices and the importance of allowing diverse terms that reflect people's lived experiences.

## III. GLOSSARY

**ADHD** – Attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder characterised by a persistent pattern of inattention, hyperactivity, and/or impulsivity that interferes with functioning or development.

**Affected other** – Refers to a person that is negatively impacted by someone else's gambling. It is an imperfect term due to not being person-centred language; however, it is used in the report in lieu of a better alternative.

**Cisgender** – Someone who identifies with the gender corresponding to the sex they were assigned at birth.

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<sup>1</sup> Walsh et al. (n.d.). How to reduce the stigma of gambling harms through language: A language guide. GambleAware. <https://www.gambleaware.org/media/3vgoyrfq/how-to-reduce-the-stigma-of-gambling-harms-through-language-1.pdf>.

**Gambling harm** – An umbrella term to encapsulate the wide-ranging harms associated with gambling.

**Heteronormativity** – The cultural and social norms that preference and prioritise heterosexuality. Those who differ from these norms may be subject to prejudice or discrimination which is termed heterosexism. Similarly, cisnormativity refers to the cultural and social norms that preference and prioritise being cisgender. Those who differ from these norms may be subject to prejudice or discrimination which is termed cissexism.

**Intersectionality** – A term coined by Kimberlé Crenshaw<sup>2</sup> and refers to how social categories such as race, ethnicity, gender, class, age and sexual orientation are part of overlapping systems of advantage or disadvantage that intersect to create specific experiences of discrimination, oppression, and privilege.

**Intersex/VSC** – Intersex or variations in sex characteristics are umbrella terms to denote a number of different variations in a person's bodily characteristics that do not match strict medical definitions of male or female. These characteristics may be chromosomal, hormonal, and/or anatomical and may be present to differing degrees.

**LEAP** – Lived Experience Advisory Panel made of LGBTQ+ people with experience of gambling harm.

**LGBTQ+** – An umbrella acronym for a range of sexual and gender identities including Lesbian, Gay, Bisexual, Trans, and Queer. The plus recognises an expansive inclusion for a range of other expressions, embodiments, practices and identities that do not fall neatly within the previous terms and are minoritised or marginalised by dominant heterosexual or cisgender ways of being. This includes terms such as intersex or variations in sex characteristics and asexual.

**Minority stress** – Refers to the unique and chronic stress experienced by members of stigmatised minority groups due to their social status.<sup>3</sup> This stress arises from factors like prejudice, discrimination, and internalised negative attitudes, leading to poor mental and physical health outcomes.

**Neurodivergence** – Refers to a range of conditions and ways of being where the brain functions differently to what is considered typical. This includes people who may have ADHD or be autistic, amongst others.

**PGSI** – Problem Gambling Severity Index. A commonly used 9-item self-report measure of gambling problems where a result of 0 indicates no experience of the adverse consequences asked about. 1-2 is often interpreted as experiencing a low level of problems with gambling. 3-7 experiencing moderate level of problems with gambling and 8+ representing the experience of high levels of problems with gambling.

**Problem gambler** – A term that is still commonly used to refer to a person who engages in gambling associated with a high-level of harm. The use of the term is discouraged due to the stigma and responsibility it puts onto the individual rather than the social, environmental, and commercial factors at work that perpetuate gambling harm.

**PSG** – A multidisciplinary Project Steering Group to provide strategic input into the direction, management, and governance of the project.

**Recovery capital** – Personal, social, and environmental resources which individuals can draw upon to initiate and sustain their recovery.

**Skin gambling** – Skins are items that change the look and capability of players' avatars and accessories within video games. Skins have been used to bet or gamble with as well as used in exchange for cash or crypto currencies.

**Trans** – An umbrella term referring to those whose gender identity and/or gender expression differs from the sex they were assigned at birth.

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2 Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139-167.

3 Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.

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# EXECUTIVE SUMMARY

## BACKGROUND

The GambLGBTQ+ project sought to understand the experiences and impacts of gambling harms for Lesbian, Gay, Bisexual, Trans, Queer and other gender and sexual minorities (LGBTQ+) in Great Britain. Gambling is recognised as a public health concern due to its prevalence, and the impacts gambling can have on individuals, families, and wider society. Gambling harms are wide-ranging, affecting finances, relationships, employment and study, mental and physical health, and may lead to involvement with the criminal justice system, as well as influencing cultural and community connection. However, a complete shift towards adopting a public health approach, in terms of prevention and early intervention, is still urgently needed. LGBTQ+ populations experience, a range of health inequalities, including higher rates of alcohol and substance use. A previous review highlighted the limited research on gambling and gambling harms in LGBTQ+ communities and called for UK-based research using both quantitative and qualitative methods. The review also identified stigma and discrimination as potential drivers of harm and barriers to support. The GambLGBTQ+ project addressed this gap through a mixed methods approach consisting of a national survey (Phase 1), follow-up online community and individual interviews (Phase 2), and a photovoice study (Phase 3). This report presents findings from the photovoice phase that aimed to engage the LGBTQ+ community as peers and co-researchers in critical dialogue around their experiences of gambling and gambling harms.

## PHOTOVOICE PROCESS

Photovoice, a method combining photography and interviews, was used to explore gambling harm and LGBTQ+ experiences. Nine LGBTQ+ participants took part, including five people who gambled and experienced harm, and four people who were impacted by someone else's gambling. One-to-one photovoice interviews were conducted with eight participants contributing photographs, narratives, and musical compositions to a public exhibition. The exhibition launch opened with a poetry performance and also included photographs that were artists' creative interpretations of the Phase 2 qualitative data. Findings in this report are a result of identifying and analysing the themes raised in the photovoice interviews. Participants reviewed an early draft of the themes and proposed actions for change.

## Overall themes

Four themes related to LGBTQ+ lived experiences of gambling harm were identified from this photovoice process:

### **Theme 1: The intersectionality of vulnerability to gambling harm to understand how it all intertwined: Intersectional vulnerabilities**

This theme refers to the multiple personal and structural factors that shape a person's experience of gambling harm. For some participants, their experiences of being LGBTQ+, neurodivergent, and/or having a migrant background and being part of a minoritised race or ethnicity contributed to their experience of gambling harm. These factors potentially make a person or a group more vulnerable to gambling harm but can also act as a positive resource.

**Subtheme 1: "A way to escape who I was": LGBTQ+ minority stress and gambling as 'escape'.** This sub-theme explores how LGBTQ+ identity intersects with experiences of gambling harm. Minority stress played a role for some participants' experiences of gambling harm, while others felt their LGBTQ+ identity was unrelated to their experience of gambling harm.

**Subtheme 2: "The shame that kept you behind this closed door": Secrecy, shame, stigma, and strength.** Participants' accounts highlight the impact of secrecy, shame, and stigma around identity and gambling harm, and how photovoice presented an opportunity to challenge this secrecy.

**Subtheme 3: “You need somebody who really understands”: LGBTQ+ inclusion and multi-faceted recovery support.** The subtheme outlines the need and desire for LGBTQ+ inclusive gambling support within a broader system of support and recovery.

**Subtheme 4: “I needed a lot more”: Neurodiversity, gambling support, and recovery.** This sub-theme highlights how understanding and getting support for neurodivergence played a key role in sustaining recovery for some participants.

**Subtheme 5: Migration, social support and getting “out of poverty”.** This sub-theme highlights how moving multiple times can disrupt social support networks. This section concludes with a narrative on the need to get “out of poverty”, highlighting how escaping poverty might act as a potential driver for gambling harm.

## **Theme 2: “It is there in your face all the time”: The normalisation, availability and accessibility of gambling.**

This theme includes the normalisation of gambling within the family growing up and critiques of the harmful design and widespread availability of online or in-person gambling products.

## **Theme 3: “I’m sorry that there wasn’t extra time for you, Dad”: Gambling harm as loss of money, time and connection.**

Narratives are presented that speak to the loss of money, time, and connection to others. Gambling harm is presented as multidimensional, intergenerational, and as having lasting impacts for some participants.

## **Theme 4: “I actually feel optimistic about my future”: Benefits and ‘constant maintenance’ of recovery.**

This theme reflects the positive outcomes experienced by participants during their recovery journeys and the personal resources (for example, friends and knowledge) participants drew upon to support their journeys.

## **ACTIONS FOR CHANGE**

A wide-ranging set of recommended actions for change, drawn from participants’ suggestions and researcher analysis, is presented. These recommendations support a comprehensive shift towards a preventative public health approach to gambling harm. They include gambling-specific measures such as LGBTQ+ inclusive, peer-led support services, as well as broader structural changes such as tighter regulation, reduced accessibility and availability of gambling, combined with restrictions on advertising. Additional actions include educational initiatives to raise awareness and reduce stigma, improved access to inclusive mental health support, and system-level interventions such as poverty prevention strategies.

## **NEXT STEPS AND FURTHER RESEARCH**

The findings emphasise the need for tailored and unique support systems appropriate for everyone harmed by gambling. They also highlight the need to address and challenge the broader societal conditions that normalise gambling and perpetuate anti-LGBTQ+ sentiment. The findings point to the need for a preventative and intersectional public health approach to gambling-related harm. Photovoice, as a creative and human-centred method, provided a space for reflection, storytelling, and empathy-building for LGBTQ+ people with lived experience of gambling harm. Further research centring lived experience is needed to explore: the true economic cost of gambling-related harms; the intersections of gambling with neurodivergence in LGBTQ+ communities; the intergenerational impacts for LGBTQ+ people; and the commercial forces driving gambling harm including the promotion and availability of high-risk gambling products.

## 'ALL IN' BY MOLLY NAYLOR: A POETIC PREFACE

We begin the report with a poem inspired by the qualitative data collected in Phase 2 of the GambLGBTQ+ project that was written by and performed by poet Molly Naylor at the exhibition opening event. This, alongside the artists' photographic interpretations of data, provided rich, emotive insights into LGBTQ+ people's lived experiences of gambling that added new depth and perspectives to the photovoice research.

It starts with a win  
because of course it does

you're seven, twenty-four, thirteen  
and it all lines up  
and the crowd goes wild  
and the pennies drop  
and you know you're lucky  
because everyone says it  
and just like that  
your light turns on  
and

and you're twenty-five, nine, sixteen  
you're made of luck  
and that feels big  
you could change the world  
with luck like this  
could make things shine  
now you're all lit up  
it's you again  
destined to win

and here's something –  
all you've ever wanted  
is to sometimes feel as alive  
as everyone else seems to  
all of the time

while people come together  
moving as fish swim  
you've got one eye on the exit  
a foot out the door  
your indicators flashing  
friends with the sidelines  
guarder of the edges  
not dancing, no one asking  
who could blame you  
for having a go  
at losing to win

*that someone has to win*  
is the thing that draws you in  
again and again  
but how is it that these days  
to feel normal is to feel dazzled  
to want to stop is to get to the end  
to feel held is to be robbed  
to fit in is to take flight  
and  
and

and then  
they write to you in poison pen  
come to you in technicolour  
haunt you in the supermarket  
reproach you from your phone  
in the deepest part of night  
and in the smallest ever small print say  
*we're richer than you'll ever be*  
*and we plan to ruin your life*

so you hide  
which is easy  
no one has ever seen you anyway  
you push buttons in your sleep  
read patterns in clouds  
forgive your own debts  
wake up alone  
reach out to trace luck's imprint  
pick up your phone

then one day life turns up  
uninvited and unannounced  
knocks on your door  
and wants to come in  
sees the chaos and the glitter and  
puts the kettle on  
life eats the stale biscuits  
you served with apology  
while giving you the news  
that hope hurts  
that lights blind  
the house wins  
the penny drops.

You live with life  
for dull and unlit weeks.  
You miss watching the ocean  
for the glimpse of a dolphin  
or staring at the sky  
for the gasp of a comet...  
you didn't make it up,  
those things sometimes came!  
and that is why you waited –  
for the leap and the spray  
for gold streaks across indigo  
to feel born once more  
for another beginning  
because even right now  
someone somewhere is winning.

You're ten, fifty-two, eighteen  
when life finally sits down  
and shows you  
how to stop expecting.  
How to see things as they are.  
How to feel lucky without chasing  
your chances.

To hang up your boots.  
Put your dice on the shelf.  
To give your attention to what  
loves you back.  
To give your affection to what  
loves you back.  
To put one foot after another  
and feel the ground underneath.  
To step into the night  
and switch your light on yourself.

# 1 INTRODUCTION

Gambling is increasingly recognised as a public health concern due to its prevalence and the impacts gambling can have on individuals, families, and wider society.<sup>5</sup> These impacts can occur over a person's life course, can cause intergenerational harm, and may include wide-ranging negative impacts on finances, relationships, employment and study, mental and physical health, involvement with the criminal justice system, and impacts on cultural and community connection.<sup>6</sup> These harms can be experienced both by the person who gambles, and those around them such as friends, families, and colleagues (often known as 'affected others'), and at both a community and population level.

Globally, the digitalisation of gambling has seen a proliferation in online gambling and an increase in formats that are associated with higher risk of harms,<sup>7</sup> such as mobile gambling apps<sup>8</sup>, formats often targeted towards younger audiences (such as skins and esports gambling),<sup>9</sup> and increasingly gamified mechanisms that blur the lines between gaming and gambling.<sup>10</sup> The COVID-19 pandemic has also shaped gambling behaviour with a significant shift from land-based to online platforms.<sup>11</sup>

In the UK, the regulatory format provided by the Gambling Act 2005 has produced an environment that centres competitiveness, market expansion, and economic growth of the gambling industry, and does not address gambling-related harms.<sup>12</sup> The wide-ranging harms associated with, and perpetuated by, gambling industry products and practices highlight the need to reframe the issue through the lens of the commercial determinants of harm. This approach moves away from the pathologising and inaccurate framing of a relatively small number of individuals as 'problem gamblers'.<sup>13</sup> This outdated framing promotes a model of rational choice of consumers and responsible gambling, while contemporary research evidence demonstrates that the social and commercial determinants of harm require a broader public health approach.<sup>14</sup> In the UK, the provision of treatment and support for gambling-related harms is undergoing a significant transition with the introduction of a statutory levy to fund research, education, and treatment and support services.<sup>15</sup> The changes proposed under a public health approach are yet to be implemented fully and would include greater regulation of the gambling industry, increased restriction of gambling availability and accessibility, and the prohibition or a substantial limiting of advertising. Moreover, there is a need for regulation of known high-risk gambling product characteristics including stake limits, frequency of bets or plays, and sensory stimuli such as lights, sounds and music. This requires increased political will for reform and the greater centring of those who have experienced harms from gambling.<sup>16</sup>

4 Tran, L.T. et al. (2024). The prevalence of gambling and problematic gambling: a systematic review and meta-analysis. *The Lancet Public Health*, 9 (8), e594-e613.

5 Wardle, H. et al. (2024). The Lancet Public Health Commission on gambling. *The Lancet*, 9(11), e950-e994.

6 Langham, E. (2016). Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*, 16(80).

7 Wardle, H. et al. (2024). Lancet Public Health Commission.

8 Marionneau, V et al. (2023). Gambling harm prevention and harm reduction in online environments: a call for action. *Harm Reduction Journal*, 20, 92.

9 Hing, N. et al. (2021). Skin gambling predicts problematic gambling amongst adolescents when controlling for monetary gambling. *Journal of Behavioral Addictions*, 10(4), 920-931; Mangat, H.S. et al. (2024). Understanding Esports-related Betting and Gambling: A Systematic Review of the Literature. *Journal of Gambling Studies*, 40, 893-914; Wardle, H. (2019). The Same or Different? Convergence of Skin Gambling and Other Gambling Among Children. *Journal of Gambling Studies*, 35, 1109-1125.

10 Pompidou Group. (2024). Risks and harms associated with online gaming and gambling Report. Council of Europe. <https://rm.coe.int/expert-report-risks-and-harms-online-gaming-and-gambling-en/1680b1e5fc>.

11 Catalano, A. et al. (2024). The impact of COVID-19 pandemic on gambling: A systematic review. *Addictive Behaviors*, 155, 108037.

12 Reith, G. & Wardle, H. (2022). The Framing of Gambling and the Commercial Determinants of Harm: Challenges for Regulation in the UK. In: Nikkinen, J., Marionneau, V. & Egerer, M. (Eds.) *The Global Gambling Industry* (pp.71-86). Springer Gabler.

13 Ibid.

14 Wardle, H. et al., (2024). Lancet Public Health Commission.

15 Wise, J. (2024). Gambling: Statutory levy on betting companies will raise £100m for services and research from next April. *BMJ*, 387, q2667.

16 Ibid.

In the UK, there has been an increase in published research exploring gambling-related harms among previously under-researched populations including women,<sup>17</sup> children and young people,<sup>18</sup> and a range of minoritised and marginalised communities.<sup>19</sup> This shift reflects an increasing recognition of the diverse ways in which gambling impacts different groups. The research highlights how marginalisation, discrimination, and social isolation can act as key drivers for gambling and gambling harms. It also identifies specific barriers to accessing support, including the compounding effects of stigma for minoritised sub-groups that intersect with gambling harm stigma.

In the GambLGBTQ+ study there was a focus on the experiences of LGBTQ+ individuals who have been impacted by gambling in Great Britain. This is because there is a limited amount of research on the lived experiences of individuals impacted by their own or someone else's gambling who are LGBTQ+.<sup>20</sup> The GambLGBTQ+ study sought to understand the extent and experiences of gambling harms and to determine if there are barriers to accessing treatment, support services, and help.

Centring and increasing our understanding of LGBTQ+ lived experience of gambling-related harms can help raise awareness and build empathy, as well as inform the provision of treatment and support services and actions for social change. Previous research shows that LGBTQ+ individuals are more likely to experience health inequalities due to cisnormativity/heteronormativity, cissexism/heterosexism, minority stress, experiences of victimisation and discrimination, and this is compounded by stigma, including from healthcare professionals when seeking to access support and services.<sup>21</sup> Moreover, LGBTQ+ individuals are disproportionately harmed by alcohol use which can act as a coping strategy for marginalisation and we seek to understand if gambling serves a similar function and impacts LGBTQ+ health inequalities.

The GambLGBTQ+ study consisted of three phases. Phase 1 consisted of a large-scale online survey of LGBTQ+ people living in Great Britain (n=3,038). Phase 2 was a follow-up qualitative study with an online community (n=53) and one-to-one interviews (n=15) with survey respondents. Phase 3 used photovoice to understand the lived experiences of LGBTQ+ individuals impacted by their own or someone else's gambling (n=9). This report presents an overview of the GambLGBTQ+ Phase 3 photovoice study which used photography, interviews, and an exhibition as a way for participants to represent and reflect on what is of importance for them in relation to gambling harms. The report seeks to emphasise the voices and experiences of participants while providing a summary of the themes generated across the interviews. An overview of findings and reports from all phases of the GambLGBTQ+ project can be found on the blog here.<sup>23</sup>

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- 17 Collard, S. et al. (2022). Women's experiences of gambling and gambling harm: A Rapid Evidence Assessment. University of Bristol. <http://www.bristol.ac.uk/medialibrary/sites/geography/pfrc/WAG-REA-FINAL-20211217.pdf>; Gunstone, B. & Gosschalk, K. (2019). Women in Focus: a secondary data analysis of the Gambling Treatment and Support study. YouGov & GambleAware. <https://www.gambleaware.org/media/1erjy3f/gambleaware-women-in-focus-report.pdf>; IFF Research. (2023). Building Knowledge of Women's Lived Experience of Gambling and Gambling Harms Across Great Britain: Final Report. GambleAware. <https://www.gambleaware.org/media/bvunkhjw/building-knowledge-of-women-s-lived-experience-of-gambling-and-gambling-harms-across-great-britain.pdf>.
  - 18 Family Kids & Youth, CultureStudio & Sherbert Research. (2024). Qualitative Research on the Lived Experience and Views of Gambling among Children and Young People. GambleAware. [https://www.gambleaware.org/media/43vm1ocs/exploring-the-lived-experience-and-views-of-gambling-among-children-and-young-people\\_final\\_0.pdf](https://www.gambleaware.org/media/43vm1ocs/exploring-the-lived-experience-and-views-of-gambling-among-children-and-young-people_final_0.pdf).
  - 19 Moss, N. et al. (2023). Minority Communities & Gambling Harms: Qualitative and Synthesis Report. Ipsos & Clearview Research. <https://www.gambleaware.org/our-research/publication-library/articles/minority-communities-gambling-harms-qualitative-and-synthesis-report/>; Martin, I. et al. (2024). Gambling Harms and Coping with Marginalisation and Inequality: Marginalisation, Isolation and Criminalisation in Great Britain. National Centre for Social Research. <https://www.gambleaware.org/what-we-do/news/news-articles/new-study-finds-that-socially-excluded-communities-use-gambling-to-cope-with-discrimination-loneliness-and-other-problems/>.
  - 20 Bailey, L. et al. (2023). LGBTQ+ People and Gambling Harms: A Scoping Review. University of Brighton. <https://www.gambleaware.org/media/Invgv0j0/lgbtqplus-people-and-gambling-harms-full-report.pdf>.
  - 21 Zeeman, L. et al. (2019). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health*, 29(5), 974-980.
  - 22 Meads, C. et al. (2023). Prevalence of alcohol use amongst sexual and gender minority (LGBTQ+) communities in the UK: a systematic scoping review. *Alcohol and Alcoholism*, 58(4), 346-356.
  - 23 Find links to all project publications at: <https://blogs.brighton.ac.uk/gambling-harms/dissemination/>.

## 1.1 WHAT WE KNOW SO FAR: GAMBLING IN LGBTQ+ COMMUNITIES

A recent review of existing research on LGBTQ+ gambling harms conducted in 2023 found that in general, research remains distinctly limited.<sup>24</sup> For instance, there are varying estimates of the prevalence of gambling harm in LGBTQ+ populations, and an urgent need for a greater understanding of the lived experiences of LGBTQ+ persons. The review identified several potential risk factors for gambling harm amongst LGBTQ+ populations including minority stress and societal stigma, discrimination, and social isolation. Potential protective factors against gambling harms included higher levels of social support, positive social interactions and mainstream community connectedness. No studies looked at services or interventions specific to LGBTQ+ people experiencing gambling harms, while the limited research available on services focused on accessing mental health and social care services in general. General health service barriers included professionals' heteronormative attitudes that became apparent in the use of pathologising language, and/or a lack of cultural competency (for example, mistakenly assuming someone's LGBTQ+ identity was a causal factor in their difficulties) and education for health professionals on LGBTQ+ issues.

Since the review mentioned above, research published in 2025 from Canada found that 2SLGBTQIA+<sup>25</sup> young adults, as well as those from minoritised racial and ethnic groups are at higher risk of experiencing gambling harms. These findings underscore the need for further research focused on specific sub-groups and common or shared factors.<sup>26</sup> The study also found that gambling modalities like poker and video lottery machines, due to their high rate of play and faster reward response, were associated with higher rates of harm amongst 2SLGBTQIA+ populations. Emerging research in the UK context indicates that LGBTQ+ individuals experiencing distress due to stressors such as discrimination are at risk of experiencing gambling harms with gambling operating as a form of escape from everyday life.<sup>27</sup>

There is a clear and demonstrable need for further quantitative and qualitative research on gambling harms experienced by LGBTQ+ individuals, a gap which the GambLGBTQ+ study sought to address. Specifically, Phases 2 and 3 of the study sought to address the need for in-depth qualitative research which focuses on the lived experiences of LGBTQ+ individuals. Previous research has highlighted the potential for LGBTQ+ individuals who experience gambling harms to experience multiple and intersecting forms of stigma,<sup>28</sup> and has called for greater public awareness that centres the voices and wisdom of those with lived experience.<sup>29</sup> It is within this context that the current photovoice study was developed, with the aim of deepening understanding of the lived experience of gambling harm for LGBTQ+ people and informing more inclusive approaches to gambling harm prevention and support.

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24 Zeeman, L. et al. (2025). What is known about gambling in lesbian, gay, bisexual, trans and queer (LGBTQ+) communities? A scoping review. *BMJ Open*, 15(9), e096792.

25 Often used in the Canadian context with '2S' referring to two-spirit - a broad term for a range of gender expressions and identities that exist in indigenous communities. The 'A' refers to asexual.

26 Brodeur, M. et al. (2025). Problematic gambling among the LGBTQIA2S+ population in Canada: A quantitative study. *Addictive Behaviors*, 163, 108257.

27 Bush-Evans et al. (2024). Gaming the rainbow: Investigating gambling harms within LGBTQ+ communities in the UK. Poster presentation at Bristol Hub for Gambling Harms Research Second International Interdisciplinary Colloquium 2024.

28 Zeeman, L. et al. (2025). What is known about gambling; Devault-Tousignant, C. et al. (2022). Gambling among LGBTQIA2S+ populations: a scoping review. *Addictive Behaviors*, 163, 108257.

29 Lloyd, J. et al. (2025). Stigmatisation and discrimination of people who experience gambling harms in Great Britain: Synthesis report. GambleAware. [https://www.gambleaware.org/media/qapn2wxq/synthesis-report\\_formatted\\_final.pdf](https://www.gambleaware.org/media/qapn2wxq/synthesis-report_formatted_final.pdf).

## 2 METHODOLOGY

The GambLGBTQ+ study was a collaboration between the University of Brighton, YouGov, and Brighton and Hove LGBT Switchboard that ran from May 2024–October 2025. The research was funded by GambleAware. A Project Steering Group (PSG) consisting of the research partners, the funders, those working in gambling support, Sussex NHS, the co-chair of the Lived Experience Advisory Panel (LEAP) and an external academic met five times throughout the project. The Lived Experience Advisory Panel (LEAP) of six LGBTQ+ individuals with experience of gambling harms provided feedback on the design and content of each phase of the research and accessible summaries. The GambLGBTQ+ study consisted of Phases 1 and 2 which included a large-scale online survey and follow-up qualitative studies which are reported separately and were led by YouGov. Phase 3, the photovoice study, was led by the University of Brighton and Brighton and Hove LGBT Switchboard. Two LGBTQ+ peer researchers supported the photovoice process and exhibition content.

### 2.1 PHOTOVOICE

This study employed photovoice as an action-oriented methodology that uses photography and accompanying narratives to convey important dimensions of underrepresented or invisibilised experiences.<sup>30</sup> A principal goal of photovoice is to increase the understanding and awareness of an issue amongst a wider audience which centres the experiences of those directly impacted.<sup>31</sup> Photovoice seeks to enable those directly impacted to speak to or represent aspects of their lived experience they feel are important. Photovoice also provides an opportunity for participants to communicate what they would want those with decision-making power to hear.<sup>32</sup> Another principal goal of the methodology stems from its grounding in emancipatory pedagogical approaches, which aim to foster a critical consciousness of the power structures and inequalities experienced by individuals.<sup>33</sup> The extent to which photovoice studies are participatory varies along a continuum from forms of photo-elicitation interview to participatory action research where participants inform all stages of the research process.<sup>34</sup> Photovoice has been used previously with LGBTQ+ individuals to research the lived experience and intersectionality of a range of health-related topics; strengths of the methodology include how the process can facilitate self-expression and raise individual and community awareness of stigma-related issues.<sup>35</sup> Photovoice has been used to a lesser extent to understand and communicate gambling harms. The method enabled men in South Korea to visualise their recovery process<sup>36</sup>, and for young people in Malawi<sup>37</sup> and Massachusetts, USA to develop a critical consciousness of gambling harm.<sup>38</sup> It was chosen as an appropriate method to understand lived experiences of gambling harm for LGBTQ+ individuals in Great Britain because it provides an opportunity for individuals to critically reflect on their experience and the broader drivers, communicate what they feel is important through their own visual self-expression, and can help engage a wide audience on a topic that lacks public awareness and is subject to ongoing public stigma. Photovoice provides participants the opportunity to represent parts of their journey in their own words as well as turning the lens towards wider determinants of harm including commercial gambling practices. As a method, it seeks to enable voices to be heard which may not be captured within the constraints of more conventional methods.

30 Brown, N. (2024). *Photovoice Reimagined*. Policy Press.

31 Wang, C.C., & Burris, M.A. (1994). Empowerment through photo novella: Portraits of participation. *Health Education Quarterly*, 21(2), 171–186; Wang C.C., Burris M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behavior*, 24(3), 369–387.

32 Brown, N. (2024). *Photovoice Reimagined*.

33 Evans-Agnew, R.A. (2022). Emancipatory Photovoice Research: A Primer. *Health Promotion Practice*, 23(2), 211–220; Freire, P. (1973). *Education for critical consciousness*. Seabury.

34 Brown, N. (2024). *Photovoice Reimagined*.

35 Pinheiro, D. et al. (2024). The Use of Photovoice with the LGBTQIA+ Community: A Systematic Review. *Journal of LGBTQ Issues in Counseling*, 18(1), 3–25.

36 Kim, M.A. et al. (2022). Using Photovoice With Male Problematic Gamblers to Understand Their Lived Story on the Path to Recovery in South Korea. *SAGE Open*, Apr–Jun, 1–9.

37 Mtema, O. et al. (2024). 'Creating Poverty Chances': Young People Confront Gambling Harms in Malawi. *Sociological Research Online*, 29(4), 1089–1096.

38 Massachusetts Department of Public Health. (2023). *Massachusetts Photovoice Project Impact Brief Office of Problem Gambling Services Cumulative Impact Report for January 1, 2021 – June 30, 2023*. <https://www.mass.gov/doc/massachusetts-photovoice-project-impact-brief-office-of-problem-gambling-services-2021-2023/download>.

## 2.2 THE RESEARCH TEAM

For the photovoice component, the lead author worked collaboratively with two LGBTQ+ peer researchers, Josetta and Zander. Three training sessions were delivered as part of the study. These sessions introduced the field of gambling studies and existing research, explored the use of photography in research, and facilitated the development of a shared agreement on how the research would be conducted collaboratively. Photographer and educator, Kamal Badhey, led the training on using photography in research, drawing on her years of experience with participatory photography. The exhibition was co-curated by illustrator and curator Alice Strutt with members of the research team. As the data collection process progressed, the roles of the peer researchers diverged, with Josetta conducting interviews and contributing to the photovoice analysis, and Zander drawing on his prior experience in photography to creatively interpret data collected during Phase 2 for the exhibition (see **Photovoice Exhibition & Creative Interpretation**).

## 2.3 RECRUITMENT

The recruitment and photovoice data collection ran from January-May 2025. It involved working closely with the research partner Brighton & Hove LGBT Switchboard to contact relevant organisations and groups. We were specifically interested in contacting groups that are systemically underrepresented in LGBTQ+ research such as: those with a minoritised race or ethnicity; migrants, refugees or asylum-seekers; people who are Gypsy, Roma or Traveller; Trans, non-binary and intersex people; and those with experiences of homelessness. Relevant organisations were asked to circulate the call for participants within their networks or to post the call for participants online including on Instagram and Facebook. Poster invitations were displayed around Brighton & Hove in LGBTQ+ and other relevant community and gambling venues. The lead author attended LGBTQ+ and other relevant groups in person to discuss and promote the research.

Early-on during the recruitment process the research team experienced the increasingly common phenomenon of being contacted by multiple 'imposter' participants.<sup>39</sup> In response to this threat to data validity, we developed a screening protocol informed by emerging research<sup>40</sup> with an amber flag checklist such as the similarity in timing and phrasing of responses, odd phrasing or language used, and poor local knowledge. The team opted to exclude all 50 of the separate enquiries we had received up to that point. Going forwards, we revised our recruitment strategy, removed as much online recruitment advertisement as possible, and focused our recruitment efforts on in-person LGBTQ+ groups and spaces, through LGBTQ+ networks and gambling support organisations, and geographically targeted ads on Grindr, a dating app aimed at gay, bi and trans individuals. We originally focused upon Brighton & Hove and then expanded geographically to London, the South East, and the East of England to improve the response rate.

During recruitment multiple situations arose where potential participants disidentified from having either engaged in gambling or been negatively impacted by gambling or queried whether they had been impacted badly enough to warrant inclusion in the study. This highlights the important need to raise awareness around gambling and its wide-ranging negative impacts, beyond just financial harm, and that support is available for those early-on and not just once gambling harm has become a 'crisis'.

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39 Santinele Martino et al. (2024). Who can you trust these days?: Dealing with imposter participants during online recruitment and data collection. *Qualitative Research*, 24(5), 1291-1301; Klein, P. & Cruys, L. (2024). Imposter Participants in Online Qualitative Interviews: A Protocol for Trauma-Informed and Equitable Decision-Making. *The Qualitative Report*, 29(8), 2214-2222.

40 Comachio et al. (2024). Identifying and counteracting fraudulent responses in online recruitment for health research: a scoping Review. *BMJ Evidence-Based Medicine*; Roehl, J.M. & Harland, D.J. (2022). Imposter Participants: Overcoming Methodological Challenges Related to Balancing Participant Privacy with Data Quality When Using Online Recruitment and Data Collection. *The Qualitative Report*, 27(11), 2469-2485.

## 2.4 PARTICIPANTS

A total of nine LGBTQ+ individuals participated in the photovoice process. Five are people who have gambled and four have been impacted by someone else's gambling. Six were living in Brighton & Hove and three were in the South East and East of England. See Table 1 below for age, sexual orientation, gender, and race and ethnicity characteristics for each participant. Providing this data was optional and participants could use the terms of their choice. One participant, Linda, did not provide any demographic information.

**Table 1. Participant demographic characteristics**

Name	Age	Sexual Orientation	Gender	Race and ethnicity
Juno	20s	Lesbian	Agender/ Genderqueer	White British
George	20s	Queer	Trans non-binary	Black mixed race
N	20s	Gay	Male	White Eastern European
Leyla	30s	Queer	Female	Asian, Crimean Tatar
David	40s	Gay	Cis male	White British
Eli	40s	Queer	Transgender or transmasculine	White British
Sabrina	50s	Prefer to not say	Female	White British
Kate	60s	Lesbian / Queer	Female	White British

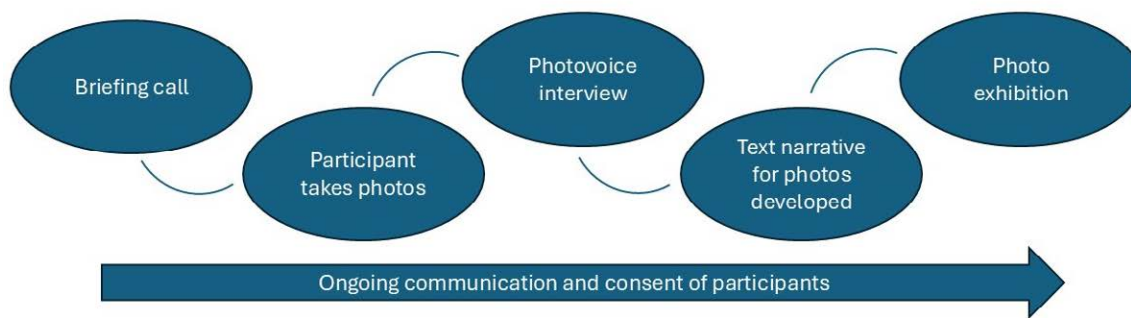
Four participants also identified as disabled, two were migrants with one being an asylum-seeker, and three with experience of homelessness or rough-sleeping. We did not ask participants to complete a Problem Gambling Severity Index (PGSI) or similar measurement of gambling harm as these tools primarily focus on individuals who gamble and do not capture the wide-ranging impacts that can constitute gambling harm.<sup>41</sup>

<sup>41</sup> Gambling Commission. (2024). Measuring the adverse consequences from gambling <https://www.gamblingcommission.gov.uk/report/measuring-the-adverse-consequences-from-gambling>.

## 2.5 COLLECTING DATA – PHOTOVOICE PROCESS

The photovoice data collection in this study consisted primarily of one-to-one semi-structured interviews. Following initial contact and sharing of the Participant Information Sheet, the lead author and/or peer researcher (Josetta) conducted a briefing call with each participant. During this call, the purposes of the study were explained, guidance was provided on taking photographs, and participants were given the opportunity to ask questions and seek clarification. Cards with 'do's' and 'don'ts' outlining safety and ethics were provided to participants either in-person or via email (see **Appendix A**). Participants were briefed to take as many digital photographs as they wanted over a two- to four-week period and to select three to six photos ahead of the interview that they felt were most important. Participants were supported and encouraged to take photos of what was important to them from their experience of gambling harm, with an emphasis that we were not expecting high-quality art, but something that was primarily meaningful for them. Ongoing communication via text or email was maintained with participants following the briefing call and prior to the interview, which allowed the research team to troubleshoot any issues and maintain the confidence of the participant during the research process.

Figure 1. Diagram of photovoice process



A series of in-person group workshops was initially planned, with the option for participants to take part online or through one-to-one interviews, if preferred. All participants were interviewed one-to-one as most participants indicated a preference for individual interview.<sup>42</sup> Ten interviews were conducted with Matt or Josetta, (one participant was interviewed twice) with six by video call and four in-person. Participants mostly used their camera phones, with one borrowing a digital camera from the project, and one bringing objects to the interview to be photographed. Participants were encouraged to use camera phones where possible, as these were likely to be the most familiar and accessible devices. However, we did not assume access to a camera phone and remained flexible in supporting alternative methods of taking photos. Most participants submitted photos prior to interview, with one submitting photos following the interview, and one not taking any photos. One participant's photo was edited by Alice (the exhibition co-curator) at the participant's request to get the effect they desired. Each interview began by asking participants what their photos were of and why. For those without photos, we began by asking what their relationship to gambling and related harm had been. The interviews then followed five general sections: a discussion of the photos and experiences represented; experience of gambling harm and support; the wider social circumstances; improvements for the future; and the photo exhibition (see **Appendix B** for the interview topic guide). Interviews ranged from 30 minutes to two hours and were audio recorded and transcribed using a trusted external transcription service. Two were auto-generated transcripts from Microsoft Teams. The lead author listened to the audio of each interview and anonymised and corrected the transcripts as part of the familiarisation process.

<sup>42</sup> This reflects preferences found in a previous review of LGBTQ+ photovoice research. Pinheiro, D. et al. (2024). The Use of Photovoice with the LGBTQIA+ Community.

## 2.6 DATA ANALYSIS

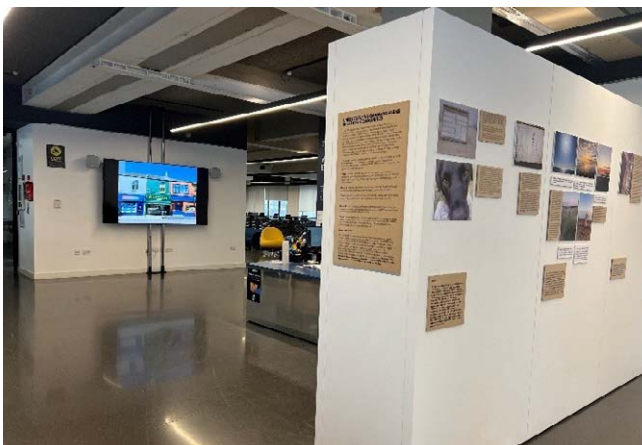
A reflexive thematic analysis of the interviews was conducted by the lead author and peer researcher, Josetta, using NVivo.<sup>43</sup> This process entailed familiarisation with the data, initial coding of the data, and the iterative generation of themes. An analysis of the photographs themselves was not conducted, as the study prioritised participants' own explanations of their images' meaning over the researchers' interpretations. For some participants the photos were an effective 'beyond text' method which conveyed emotions better than they could verbally articulate.<sup>44</sup> An early draft of this report, including identified themes and proposed actions for change, was shared with participants for feedback either in one-to-one discussion, via email, or at an online group discussion. Changes made included additional themes or experiences and editing the actions for change.

It is important to acknowledge the emotional labour involved with researching sensitive and underrepresented topics. This was particularly evident in the heightened sense of responsibility to do justice to the experiences shared, which was felt by both researchers and participants. This work took place during a time of increasing hostility, especially toward trans and non-binary communities in the UK, therefore, the need for self-care and support throughout the research process was particularly important for peer researchers who are LGBTQ+.<sup>45</sup>

## 2.7 PHOTOVOICE EXHIBITION & CREATIVE INTERPRETATION

Image 1. A photo showing part of the GambLGBTQ+ exhibition with photovoice content.

Credit: Sally Sutherland.



A photography exhibition was held 16th-25th July 2025 to communicate the photovoice data (see Image 1 and **Appendix C**). Eight out of the nine participants consented to have their experiences included, with each participant having a dedicated space for their photo narrative. The exhibition was also an opportunity to disseminate some of the qualitative findings from Phase 2 of the wider project that consisted of an online community and follow-up interviews. Photographs were taken by a peer researcher, (Zander Griffin) and University of Brighton staff member, (Sally Sutherland) who has experience of creative interpretation of research data. Anonymised Phase 2 data was provided and key quotes and experiences identified. Photographs based on this data were taken by Zander and Sally to be able to include a greater diversity of experiences of gambling harms for LGBTQ+ individuals and showcase the rich data from this qualitative research phase.

43 Braun, V. & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11:4, 589-597.

44 Beebeejaun, Y. et al. (2014). 'Beyond text': exploring ethos and method in co-producing research with communities. *Community Development Journal*, 49(1), 37-53.

45 Slater, T. (2024). Mundanity, fascination and threat: Interrogating responses to publicly engaged research in toilet, trans and disability studies amid a 'culture war'. *The Sociological Review*, 72(3), 511-528.

Image 2 and Image 3 are examples of two photographs created based on the shared data from Phase 2. Image 2 below highlights the cost of gender-affirming healthcare for a trans participant, acting as a motivation to increase their frequency of gambling. Image 3 captures the everyday geographies that make limiting one's own gambling difficult and can act as a driver of harm.

Image 2. Transition Costs, Sally Sutherland, 2025

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*"It started out as fun. Then, I realised how much money I need to transition, and it became an often occurrence."*  
(Chris, 34, Trans woman, Bisexual, A person who gambles, In-depth interview)

Image 3. Bus Stop Proximity, Zander Griffin, 2025

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*"I try to manage gambling by either not having too many active website accounts or restricting the number of visits to a physical adult gaming centre I make; which is hard as one of them is situated adjacent to my bus stop when travelling back home."*  
(Ricky, 36, Male, Gay, A person who gambles, In-depth interview).

*“I try to manage gambling by either not having too many active website accounts or restricting the number of visits to a physical adult gaming centre I make; which is hard as one of them is situated adjacent to my bus stop when travelling back home.” (Ricky, 36, Male, Gay, A person who gambles, In-depth interview).*

In relation to the creative interpretation process, Zander stated:

*“Collaborating closely with Sally to creatively interpret and respond to data gathered by the wider team, I was mindful to craft images that carried both parts emotional impact and evidential weight. It was essential that the photographs not only aligned with the research findings but centred the voices and narratives of participants. I carefully considered the form, symbolism, and impact of each image, ensuring they reflected the complex textures of lived experience and the nuanced realities of gambling harms within the LGBTQ+ community.”*

One participant from the photovoice study, Sabrina, composed a piece of music alongside submitting her photos to the research and this could be listened to on headphones while looking at her photovoice narrative. Another participant, Leyla, played her violin at the opening event in the exhibition space. The exhibition also showed a video playing on continuous loop that showcased the lived experiences of gambling harms shared by participants from Phase 2 of the project.

## 2.8 ETHICAL CONSIDERATIONS

There were several ethical considerations for this study as it focused on working with participants who have lived experience of a topic that has been largely invisibilised and underrepresented in the public sphere and may experience stigma for multiple reasons. Central to the approach was constructing an inclusive and supportive environment for participation in the research. The lead author and peer researchers (Josetta and Zander) had previous experience of working with LGBTQ+ people in relation to potentially sensitive or distressing topics or experiences and all identify as LGBTQ+ themselves. The research team reflected multiple positionalities that we were seeking to prioritise in recruitment (e.g. Trans, non-binary and intersex, and minoritised race or ethnicity) and were responsive to participant preference for interviewer where possible.

Consent forms were completed prior to the interviews, and an ongoing consent process took place, which involved checking-in with participants that they still consented to be part of the exhibition with the narrative that accompanied their photos. Anonymisation of people, places, and names was completed by default with participants given the opportunity to select their pseudonyms. Participants were also given the possibility to use their own first name if preferred which is good practice when working with LGBTQ+ individuals who may have fought hard for their name and identity.<sup>46</sup> When taking photos for the research, participants were encouraged to not include details that would make themselves or others identifiable and maintain their own safety (see **Appendix A**). If participants wished to include photos showing identifiable features such as their own face or use their name, the researcher had a further conversation about the types of places that these may appear and clarified if they consented to some (e.g. as part of the photo exhibition) and not others (e.g. this report). During the photovoice process participants were reminded that taking part was voluntary and they could withdraw at any time without giving a reason, and that during the interviews they could share and contribute what felt comfortable and appropriate. A distress protocol was developed for the team to follow in the case of distress.

Ethical approval was granted by the University of Brighton Cross-School Research Ethics Committee A (CREC A Ref: 2024-14382-Smith) in November and the recruitment and photovoice process materials were reviewed by the LEAP in December 2024.

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46 Lahman, M.K.E. et al. (2023). A Good Name: Pseudonyms in Research. *Qualitative Inquiry*, 29(6), 678–685.

## 2.9 LIMITATIONS

There are several limitations to the research, in particular the small number of participants (n=9) means that the study is not and does not seek to be representative or exhaustive of LGBTQ+ experiences of gambling harms. The photovoice phase and exhibition were designed to make use of the potentially impactful nature of creative methods that complemented the previous two phases of the research. Creative methods can be more emotionally demanding as facilitating a space for potentially deep reflection, and being asked to produce photographic representations of complex experiences can be both intimidating and rewarding. There is therefore likely to be a bias to participants who have already engaged with formal gambling and/or mental health support and already engaged in a process of reflection and recovery. Additionally, due to the issues with imposter participants during recruitment, the move away from online recruitment adverts likely hindered recruitment of those primarily engaged in online forms of gambling.

## 3 PHOTOVOICE OF LGBTQ+ INDIVIDUALS IMPACTED BY GAMBLING HARMS

In this section, three dimensions to the photovoice interview data and analysis are presented: 1) LGBTQ+ Lived Experiences of Gambling Harms; 2) Reflections on the Photovoice Process; 3) Actions for Change.

**Section 1** outlines four themes generated from the photovoice process. While not exhaustive of the rich and complex experiences participants conveyed, the themes reflect key areas of importance and the nuance expressed in participants' narratives. Each theme and sub theme includes a quote from a participant that expresses the theme.

### **Theme 1: "...to understand how it all intertwined": Intersectional vulnerabilities.**

This section has five subthemes:

**Subtheme 1: "A way to escape who I was": LGBTQ+ minority stress and gambling as 'escape'.**

**Subtheme 2: "The shame that kept you behind this closed door": Secrecy, shame, stigma, and strength.**

**Subtheme 3: "You need somebody who really understands": LGBTQ+ inclusion and multi-faceted recovery support.**

**Subtheme 4: "I needed a lot more": Neurodiversity, gambling support, and recovery.**

**Subtheme 5: Migration, social support and getting "out of poverty".**

**Theme 2: "It is there in your face all the time": The normalisation, availability and accessibility of gambling.**

**Theme 3: "I'm sorry that there wasn't extra time for you, Dad": Gambling harm as loss of money, time and connection.**

**Theme 4: "I actually feel optimistic about my future": Benefits and 'constant maintenance' of recovery includes narratives of the positive impacts felt by participants and assets in their lives.**

**Section 2** outlines reflections on the photovoice process including having their photos presented as part of the exhibition. **Section 3** presents the 'Actions for change' which is drawn from participants' suggestions and researcher analysis.

Overall, the findings highlight the importance of developing tailored and unique support systems appropriate for everyone harmed by gambling, and the need to address the detrimental societal conditions that normalise and perpetuate gambling harms, homophobia, and transphobia. The findings point towards the potential of a shift to a preventative and intersectional public health approach to gambling and gambling harm. Moreover, the photovoice process, as a form of human-centred storytelling, offers a powerful means of creating space for reflection and sharing for those with lived experience. Photovoice enables the communication of these experiences which raises awareness and builds empathy on this underrepresented issue.

### 3.1 LGBTQ+ LIVED EXPERIENCES OF GAMBLING HARMS

#### Theme 1 “...to understand how it all intertwined”: Intersectional vulnerabilities

In participants’ narratives they identified multiple factors that acted as drivers for the gambling harms they experienced. These overlapping and intersecting factors contributed to increased vulnerability to gambling harms for individuals and groups. Such factors can be structural as well as deeply personal in how they are experienced. It is important, when narrating these social determinants of health, to avoid essentialising individual or group vulnerability. For example, people are not vulnerable because they identify as LGBTQ+; rather their vulnerability may be perpetuated by processes of marginalisation such as discrimination, exclusion, and social isolation. This section begins by addressing the intersection of gambling harms and experiences as LGBTQ+ individuals.

#### Subtheme 1 “A way to escape who I was”: LGBTQ+ minority stress and gambling as ‘escape’

For two participants, their experiences as LGBTQ+ persons were deeply connected to why they engaged in gambling. This was primarily due to experiencing prejudicial environments around being LGBTQ+ and a consequent sense of isolation. For these participants, their negative experiences were part of a wider hostile atmosphere towards LGBTQ+ people while growing up as a teenager. David was a teenager in the late 1980s and early 1990s, and N (see Image 4 below) was a teenager between 2015 and early 2020s. David stated the difficulty getting information in relation to being gay:

*“as a teenager, it was lucky if you could find a pamphlet in a bin bag that had been there for a couple of years, let alone a book on what they need to do. If your son or daughter was gay, you were going to be shunned from quite a lot of areas if that happened. [...] ultimately, I think [the gambling] was from that bullying. I think if somebody’s happy, if somebody has places to be, people to be with, why are they going to put £5 in a fruit machine when they have a cinema with a group of friends. There was none of that for me.”* (David, 40s, white, gay man, person who has gambled).

Image 4: N’s photo



*“Growing up in a traditional, religious environment, I learned to see being gay as something shameful. Having grown up attending an extremely homophobic church (the kind staging anti-gay protests), I was convinced that my feelings were wrong and morally reprehensible, and I couldn’t see myself ever being happy or living an upright, respectable life. Having tried so hard to suppress my identity and feelings, gambling became a way to cope – a way to escape who I was.”* (N, 20s, white, gay man, person who has gambled).

Both N’s and David’s experiences highlight how oppressive and non-affirmative environments for LGBTQ+ people can create conditions that deepen social isolation and heighten vulnerability to gambling harms. Gambling became a means to ‘escape’ from emotional distress and negative social and familial environments. Their narratives demonstrate how minority stress can act as a driver of gambling harm, and indicates the potential vulnerability associated with certain life stages such as when coming to understand one’s own sexuality.<sup>47</sup>

It is important to recognise that for two participants their experience as an LGBTQ+ person was not seen as relevant to their experience of gambling and gambling harms. In the interviews, they pushed back on questions enquiring about potential connections around their sexuality and experience of gambling harm. For instance, Linda stated that it was the controlling nature of the relationship with her partner at the time that was a contributory factor to her seeking an escape through gambling.

*“No, I don’t think it was that at all. It was a very, very controlling relationship and I think that could have happened in a heterosexual relationship as well. It really didn’t feel anything about me being gay whatsoever. Just, I think it was the fact that [gambling at the arcades] was something that we did initially, together as a family and then that for me was an escape route. But like I said, that had nothing to do with my identity, it was just actually being in a relationship that I wasn’t happy in.”* (Linda, person who has gambled, n.b. did not provide demographic information).

The historical and contemporary pathologisation of LGBTQ+ identities means it is crucial to not conflate a person’s identity itself as a risk-factor, but rather, the surrounding environments inhabited, which may feature anti-LGBTQ+ discrimination. To assume someone’s identity as relevant or view their experiences primarily through their sexual orientation or gender identity can reinforce stigma.<sup>48</sup> It is therefore important to recognise the impact that minority stress can have on some LGBTQ+ individuals’ experience of gambling harms. At the same time, it is important not to conflate these drivers of harm with LGBTQ+ identity itself, as doing so risks pathologising LGBTQ+ communities.<sup>49</sup>

As outlined further below, participants who gambled identified a range of drivers, motivations and circumstances that contributed to their experience of gambling harms. For some, minority stress associated with being LGBTQ+ was one of these factors, though this was not the case for all participants.

While gambling was referred to as a means of ‘escape’ from emotional distress and negative environments by some participants, it was emphasised to not ‘romanticise’ the actual experience itself. For instance, David made a distinction between the reasons he sought escape and the experience of escapism that gambling provided,

*“You may feel that [gambling is] one of the few areas of escapism that you have, but you’ve got to separate the reason that you did [it], to the reason why you’re doing it. [...] What I can tell you is on reflection; I am numb when I have gambled. There is no highs and lows, only torment [...] Maybe I used to think about things and go gambling so I can get the thoughts out my head and it was a form of escapism. I certainly don’t see gambling as a form of escapism now. [...] I have no romantic connotation with gambling.”* (David, 40s, white, gay man, person who has gambled).

47 Frost, D. M., & Meyer, I. H. (2023). Minority stress theory: Application, critique, and continued relevance. *Current Opinion in Psychology*, 51, Article 101579.

48 Zeeman, L. et al. (2019). A review of LGBTI health and healthcare inequalities.

49 In Phase 2 of the GambLGBTQ+ study it was found that for participants the connection between their experience as LGBTQ+ and gambling harm was often not immediately intuitive with a more prolonged period of introspection between the survey, online community and interviews facilitating connections being made.

This resonates with Sabrina’s experience of gambling, who stated:

*“Before I barred myself from digital gambling, I was just literally numbed. And in my worst clothes, not sleeping. Just all through the night, had no concept of time, and was just literally numbed and just let life slip.”* (Sabrina, 50s, white, woman, person who has gambled, and experienced homelessness due to the impacts of gambling).

Both participants use ‘numb’ or ‘numbed’ to refer to how they experienced gambling. The ‘escape’ provided by gambling for these participants is therefore limited to producing a state of disconnection.

The heightened need or desire for individuals to ‘escape’ at a particular point in their lives can increase their vulnerability to gambling harm for some. Avoidant forms of coping and a lack of emotional awareness and acceptance have been associated with people experiencing elevated gambling harms in previous research.<sup>50</sup> Participants’ narratives further our understanding by demonstrating the role minority stress can play in creating this emotional distress and environments that motivate a desire to ‘escape’. Attending to and seeking to change the underlying drivers of emotional distress and need for ‘escape’ linked to minority stress among LGBTQ+ and other minoritised populations is essential in advancing an equitable public health approach to gambling harms. Certain life stages, such as the formative period of being a teenager, could present a period of heightened vulnerability to gambling harms for LGBTQ+ individuals as they navigate and understand their identity.<sup>51</sup>

### **Subtheme 2 “The shame that kept you behind this closed door”: Secrecy, shame, stigma, and strength**

Five participants shared that they had deliberately kept their experiences of gambling harms secret, largely because of the stigma associated with gambling harms. In Image 4, N is wearing a white shirt while looking out to sea as the waves crash beneath him. N describes the symbolism of his photos:

*“These photos aim to reflect how my struggles with gambling and my sexuality are interconnected. I always tried to look presentable – shirt, tie, a seemingly composed face – but inside, I felt like I was sinking. Like many facing gambling addiction, I kept up appearances, showing no obvious external signs, while suffering silently.”* (N, 20s, white, gay man, person who has gambled).

N’s experience highlights the complex role of secrecy and concealment, both in relation to his gambling behaviours and his sexuality. Stigma and fear of judgment can impede speaking out and accessing support,<sup>52</sup> potentially delaying help-seeking until it gets to a crisis point, creating a situation of silent suffering. N stated that his young age made him feel that he was not entitled to support, as other service-users were older than him, and he had to overcome the “shame of relying on other people. I didn’t feel like I wanted to rely on anyone for help. I felt like I had to be strong and just solve it myself”. The notion of strength being related to self-reliance and relying on others as shameful has been associated with forms of traditional masculinity that can inhibit help-seeking. The shame and stigma experienced or anticipated can therefore arise from the intersection of gambling harms, age, sexuality, and gender.

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50 Neophytou, K. et al. (2023). Gambling to escape: A systematic review of the relationship between avoidant emotion regulation/coping strategies and gambling severity. *Journal of Contextual Behavioral Science*, 27, 126-142.

51 McDermott E. et al (2021) Explaining effective mental health support for LGBTQ+ youth: A meta-narrative review. *SSM Mental Health*, 2021(1), 100004.

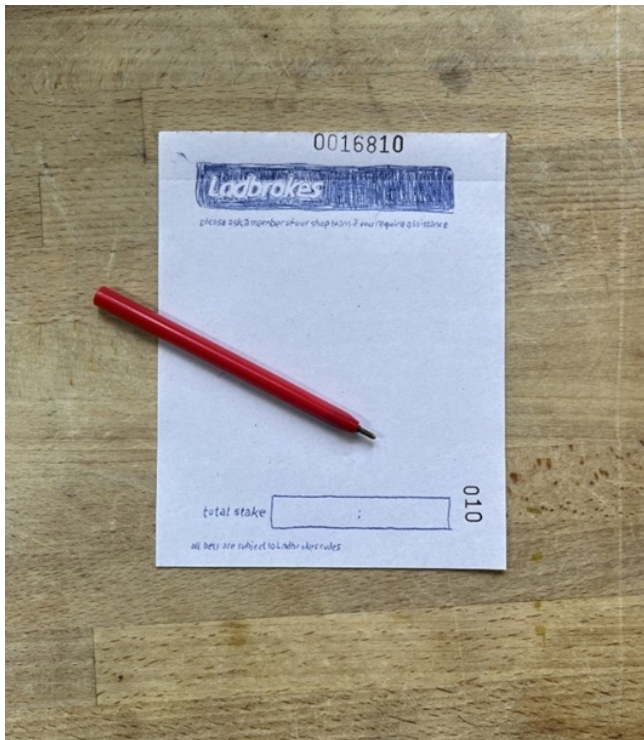
52 Lloyd, J. et al. (2025). Stigmatisation and discrimination report.

53 Camacho-Ruiz, J.A. et al. (2024). Patterns and Challenges in Help-Seeking for Addiction among Men: A Systematic Review. *Journal of Clinical Medicine*, 13(20), 6086.

For many participants, engaging in the photovoice research was an opportunity to work actively against this secrecy, with the photo element providing a tool to represent their experience. The taking of photos, interviews, and the option to contribute to the exhibition, provided an opportunity to challenge the secrecy and stigma associated with gambling harms; this included challenging and working through notions of shame that had been felt by participants. For example, two participants impacted by a parent's gambling expressed how they had felt a sense of shame or guilt that had been bound up with feeling responsible for the gambling harms experienced within the family. For Eli, it was his father who was the individual who gambled in his life. While he has discussed the gambling with his mother and has been a source of support for her, Eli had not discussed the gambling directly with his father. Eli (see Image 5) used his participation in the research as an opportunity to reflect on his experiences and used the accompanying texts for his photos to write short letters to his father.

Image 5: Ladbrokes betting slip by Eli

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*"Dad, I was about 10 when Mum was so angry and upset that she said she was going to leave you. I didn't know why she said it, but I cried hard for her not to. 35 years later can I still be credited for keeping you together with my wailing? 26 years since I moved out, I no longer get to find your annotated Racing Post, the branded slips and little red pens, but she does, and I reflect on my guilt in therapy." (Eli, 40s, white, queer trans masculine, affected other).*

Eli conveyed the responsibility he felt for his parents staying together and therefore his mother being negatively impacted by his father's gambling for longer. This sense of responsibility or guilt can potentially perpetuate secrecy around gambling harms intergenerationally.

Image 6: Gutter by Juno

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For Juno (see Image 6), sharing photos as part of this project was a refusal of the shame and responsibility for gambling harm they had experienced as a child. They included photos they had taken of the house they grew up in that conveyed the state of disrepair and the damp conditions that were a consequence of their father's gambling.

*"Sometimes people would refuse to come in to do work on the house because it was in such bad condition. And we didn't have money for it because of my dad's gambling. I just remember so much growing up just staring at it and thinking 'we need to fix that', 'I don't know how to fix that', and 'I need to do that.' It brings up a deep sense of inescapable dread."*  
(Juno, 20s, white, agender lesbian, affected other, with experience of homelessness).

Juno shared that they did not invite friends to their house during childhood, and they now live with long-term health conditions linked to growing up in mouldy and damp housing. This highlights the wider impacts that gambling harms can have. Juno described in their interview that taking and sharing these photos was a "cathartic" process, in part because they had felt responsible for cleaning and maintaining the home due to their ascribed gender role within the family. They stated,

*"I felt so ashamed for so many years, and I still hold a lot of that shame. But it [taking photos] takes away the kind of responsibility I held for it because it's making it less personal [...] because like I was a kid, it wasn't my fault at all. But I felt like that for so many years."*  
(Juno, 20s, white, agender lesbian, affected other, with experience of homelessness).

The process of reflecting on and sharing experiences of gambling harms limits internalised stigma and shame that can be detrimental to wellbeing. Recognition of the role of stigma and shame to act as a barrier to accessing support has been highlighted in previous research, particularly for those who gamble. This study provided an opportunity for those who are affected others to voice their experience of feeling responsible in relation to the gambling harms experienced by themselves or other family members which has been underrepresented in previous research.

This study extends the research on shame and stigma by outlining how stigma is co-constitutively produced in the context of minority stress experienced by LGBTQ+ individuals. For instance, it illustrates how stigma and shame associated with social identities and practices, and gambling harms can feed into each other to foster a state of secrecy for the individual. Additionally, in relation to LGBTQ+ lives, it is key to recognise the potential for identifying as LGBTQ+ to act as a resource and a strength. As an example, Eli (see Image 7) drew upon his own experience of secrecy as a resource for building empathy with his father. He writes:

*“Dad, the secrets that kept you behind this closed door. The shame that kept you behind this closed door. I can understand something about how that feels. At the time I lived with you when you were behind your closed door, I was behind mine too. Yours a garage, mine a bedroom, both a closet. You don’t know that I know about the credit cards and the debts, so all the talking I do to you now is in my head where I have built a compassion for your struggle and where I have joined up the dots that I know about, within the hiding.”*  
(Eli, 40s, white, queer trans masculine, affected other).

Image 7: Garage Door by Eli

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Eli uses his experience of secrecy and the process of coming to terms with his gender and sexual orientation as a resource for building compassion with his father and the secrecy that surrounded his gambling. The photo narrative was an opportunity for enacting a form of reparative communication that drew on LGBTQ+ experience as a positive resource. Therefore, while experiences of minority stress related to being LGBTQ+ may increase a person's vulnerability to gambling harms, these same experiences can become an asset. Following sharing his experience and seeing others' contributions as part of this research, Eli stated the research "has been beneficial in recognising gambling patterns and understanding their impact at a deeper level." The potential for creative approaches to understanding gambling harm to be used as tools for relational repair require further investigation.

### **Subtheme 3 "You need somebody who really understands": LGBTQ+ inclusion and multi-faceted recovery support**

Among the three participants who had accessed formal and peer support for their gambling, there was a stated desire to feel supported in being open around their sexuality. For N, group peer support environments were a challenge as he found he was unable to be open about his sexuality despite wishing he could be as it felt relevant to his experience and recovery.

*"I still kind of hide more of my personal life with them, and I think maybe that's kind of a barrier. It's not a very strong barrier, but that's kind of a barrier specifically to Gamblers Anonymous [...] I felt like people would judge me if I talked about my sexuality, and I felt like at some point it would be helpful if I did talk about it because it does influence my addiction"* (N, 20s, white, gay man, person who has gambled).

N's experience highlights the role anticipated stigma around LGBTQ+ identity can have within gambling-specific support environments. N had engaged with multiple types of gambling-specific support via counselling and residential treatment as well as peer support. In another example, Sabrina outlined the multi-faceted nature of support for her recovery and the role having a LGBTQ+ counsellor had in her being more open:

*"The only way I think I'm doing well in recovery is because I'm now accepting my neurodiversity and my sexuality. You need somebody who really understands, who gets you when you want to reveal deep things like addiction and trauma. I've got a lesbian counsellor who was a gambler, and I felt I could open up to her more. I've gone to domestic abuse groups and that has helped me too. And neurodivergent groups to actually understand myself and do a lot better. Since then, that's what's given me the support to get here today and be able to take pictures and write music because I could not do that before, I was a mess."* (Sabrina, 50s, white, woman, person who has gambled, and experienced homelessness due to the impacts of gambling).

Sabrina outlines different intersections of her experience that have led her to engage with a range of support services as part of her recovery process (**see page 31 below for more on neurodivergence**). This highlights the multi-faceted nature of the support that she has accessed, which includes both gambling-specific services and broader services, reflecting the wider and overlapping harms she has experienced beyond gambling alone. Moreover, Sabrina points out that her counsellor's shared lived experience shaped an environment where she felt able to be more open and honest.



Scan the QR code or click the link below to listen to Sabrina's piano composition that featured alongside her photovoice narrative in the exhibition.

<https://blogs.brighton.ac.uk/gambling-harms/files/2025/06/Piano-composition.mp3>

Experiences of treatment and support for gambling harms for LGBTQ+ service-users suggest that being open about one's identity(ies) and relationships is often desirable, though not always possible. Gambling support services should be proactive in creating this safer space and draw on lived experience where possible to facilitate this. However, LGBTQ+ inclusiveness represents just one component of a comprehensive support system for an individual's recovery. Effective support must also attend to a range of intersecting factors such as past trauma and abuse, identity, and neurodiversity. The next two sections reflect two key intersectional areas in participants' lived experiences' of gambling harms: neurodiversity and migration.

#### **Subtheme 4 "I needed a lot more": Neurodiversity, gambling support, and recovery**

Neurodivergence, and notably ADHD, were mentioned specifically as an important intersecting factor by four participants. In particular, for two participants it was identified as an important contributing factor for their own gambling behaviour during the time it was undiagnosed, and they lacked specific support. N and Sabrina both highlighted that developing an understanding and receiving support with their ADHD was key to sustaining their recovery.

*"[being] neurodivergent and LGBT... I didn't feel they offered me the right treatment for that. And that's not saying they weren't good. They had many things that I benefited from and learnt. But to really kick gambling and to understand how it all intertwined. I needed a lot more [...] until I really understood about the ADHD and autism I was nowhere. I really didn't get anywhere with recovery."* (Sabrina, 50s, white, woman, person who has gambled, and experienced homelessness due to the impacts of gambling).

*"being neurodivergent certainly played a role too. I only got diagnosed in early 2024, starting medication and implementing ADHD-specific productivity habits have helped me in my recovery in no small way. I was constantly chasing dopamine hits due to the chemical imbalance in my brain, and no amount of willpower seemed to end this cycle of chasing instant gratification. Gambling was the perfect product to give me that constant supply of dopamine hits. So, addressing the root cause of those cravings – ADHD – has enabled me to change the reward mechanism of my brain, making working towards long-term goals much easier."* (N, 20s, white, gay man, person who has gambled)

Participants' neurodivergence, including ADHD, shaped their experience of gambling harms and highlighted the need for tailored support approaches to enable sustained recovery. Research suggests that being neurodivergent likely increases vulnerability to gambling harms, in part due to the design of high-risk gambling products.<sup>55</sup> These products often feature sensorially stimulating elements, rapid event cycles, and uninterrupted rhythms.<sup>56</sup> The competitive environment for gambling products and proliferation of online gambling facilitates the development of these widely available and accessible high-risk products. The intended physiological effects of these products are aimed towards individuals spending more time and money using them.<sup>57</sup> In this context, the neurodivergence of some participants shaped their vulnerability to gambling harm. Understanding and getting specific support for ADHD and neurodivergence meant participants have been able to attend to some of the physiological impacts and drivers of harm felt from engagement with gambling products. UK-based research on neurodivergence and gambling harms reports a link between factors such as impulsivity, hyperfocus, and emotional regulation, as well as social isolation, stress and bullying that neurodivergent people can experience.<sup>58</sup> Neurodivergence is therefore a potential intersectional contributor to vulnerability to gambling harm with participants benefitting from specific support with their neurodivergence.

55 IFF Research (2025). Gambling Harms and Neurodivergence: Understanding the Context and Support for Neurodivergent People in Gambling Phase 2 Report. <https://www.gambleaware.org/our-research/publication-library/articles/gambling-harms-and-neurodivergence-understanding-the-context-and-support-for-neurodivergent-people-in-gambling-phase-2-report/>.

56 See section on Commercial gambling products in Wardle et al. 2024.

57 Ibid.

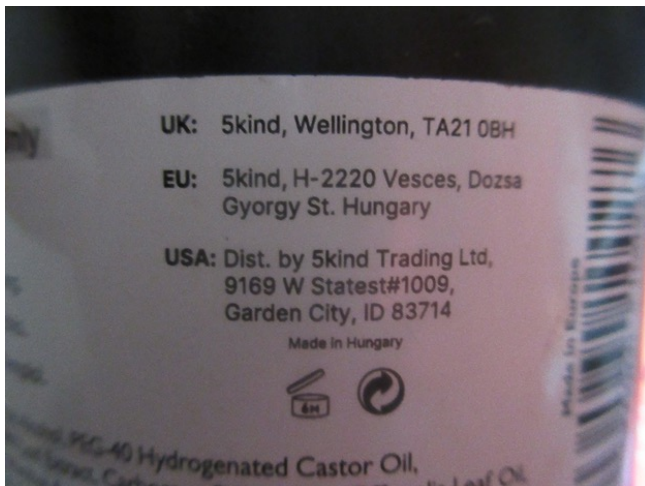
58 IFF Research (2025). Gambling Harms and Neurodivergence.

Research on the intersection of ADHD and being LGBTQ+ is distinctly lacking. Existing research does indicate that a higher proportion of people on the autistic spectrum are LGBTQ+ than the general population.<sup>59</sup> Further research on how being LGBTQ+ and neurodivergent may intersect to produce unique or specific vulnerabilities to gambling harm is recommended, particularly in the context of the UK and the neoliberal competitive market that drives the development of gambling products.

Another important theme related to neurodivergence and mental health, was the role certain types of thinking can play in experiences of gambling harms. One participant, George (see Image 8), highlighted the importance of ‘magical thinking’ that can involve seeing or seeking signs from their surroundings that informs their current direction in life. George stated that this can intersect with their mental health and bipolar disorder. George has a family member who has served time in prison for gambling-related offences. They stated that:

*“The photos for me represent magical thinking and they contain different angel numbers. They are repeated numbers like in like a string like 222, 444, 777. There is like a superstition around angel numbers that they are signs of good luck, signs that you’re on the right path. Invitations to different kinds of abundance. And for me, a big part of what comes up around gambling is my own tendency towards magical thinking. [...] It is something that I do associate with [my uncle] and the way that he saw the world and recognising a fear in myself. I’ve always been quite afraid of gambling because I really recognise that I’m poor, I have ADHD. I’m highly prone to magical thinking.”* (George, 20s, Black mixed-race, trans and non-binary queer, affected other, with experience of homelessness).

Image 8: A photo showing angel numbers by George



59 McAuliffe, C. et al. (2023). “My whole life has been a process of finding labels that fit”: A Thematic Analysis of Autistic LGBTQIA+ Identity and Inclusion in the LGBTQIA+ Community. *Autism in Adulthood*, 5(2), 127-138.

George outlines how as an affected other they have been conscious and 'afraid' of gambling, recognising a combination of socio-economic, neurodevelopmental, and psychological factors that might make them vulnerable to gambling harm such as being poor, having ADHD, and prone to 'magical thinking'. As a belief system or way of thinking, this 'magical thinking' can perpetuate potential gambling fallacies such as the misinterpretation of randomness. Research has found that the metaphysical aspects of religious belief can intersect with gambling fallacies which can increase the vulnerability to gambling harm. However, George underlined the importance of these beliefs that act as a positive resource in their life. They state:

*"I have a very full spiritual practice. That's very important to me in my life. For me, all of the photos are about understanding that duality. And that, those things, have the potential to take me to a really spiritually nutritious place. On one hand, to be guided, to connect to my ancestors, to receive reassurance that I'm on the right path, that I'm making decisions. And it has the potential to take me into madness, into following rabbit holes that I that I know are really harmful."* ( George, 20s, Black mixed-race, trans and non-binary queer, affected other, with experience of homelessness).

However, George stated that when their mental health is worse that these forms of thinking can cause more distress and harm. It is important to understand the intersection of neurodivergence, mental health, and belief systems that may be culturally contingent and inform a person's experience of gambling harm. In the UK context, research on minority communities and gambling harms has highlighted the role that cultural norms can have in providing a motivation to gamble.<sup>61</sup> This research project provides additional nuance by outlining the duality of vulnerabilities. On the one hand, they are identified by participants as informing their experience of harm and potential vulnerability, and the key role in getting support for their neurodivergence in their recovery. On the other hand, participants state that some of these vulnerabilities are important positive resources in their lives.

This duality to vulnerability is important, so as not to essentialise differing intersectional experiences as causes or drivers of gambling harm. It is vital to recognise the resources those with lived experience of gambling harm possess and the role they may have in contributing to their recovery capital.<sup>62</sup> Further research is needed to consider the potentially disproportionate negative impacts of the availability and accessibility of high-risk gambling products on the health and wellbeing of neurodiverse individuals.

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60 Williams, B. M. et al. (2022). Protective action and risky beliefs: The relationship between religion and gambling fallacies. *Journal of Gambling Studies*, 38, 253-263.

61 Moss, N. et al. (2023). *Minority Communities & Gambling Harms Report*, p.37.

62 Recovery capital refers to personal, social, and environmental resources which individuals can draw upon to initiate and sustain their recovery. Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse*, 43(12-13), 1971-1986.

### **Subtheme 5 Migration, social support and getting “out of poverty”**

For two participants who had migrated internationally, their frequent movement was identified as contributing to a lack of a social support system that shaped their experience of gambling harm. The absence of social support contributed to feeling more isolated in their experience of gambling harms, whether they were the person who gambled, or someone impacted by another’s gambling. N stated that:

*“Moving countries and cities throughout my childhood didn’t help me create a stable environment that I really needed. When we immigrated to the UK, I found it hard to settle in, but moving cities to a different part of the UK three years later created even more instability. This is also a time when my gambling picked up, as I struggled to find friends in the new school, and gambling felt like my only friend, always available to soothe whatever difficult emotions I, as a teenager, experienced.”* (N, 20s, white, gay man, person who has gambled).

During her time in the USA, Leyla became close friends with another LGBTQ+ person who was experiencing challenges related to gambling and substance use. Leyla (see Image 9) used her photographs to express her struggle to stay actively hopeful and support her friend:

Image 9: A photo of Leyla and her violin.



*“I would say this photo summarised my feeling towards that person because you get into this mode, being a life saver and trying to get them out of that rut. It’s me, walking towards the sea with my violin because I play the violin and they heard me and they told me that it made them feel better, and it made an impact on them [...] I remember trying to save my friend from going deeper and I just remember having a conversation and realising how deep they were in that addiction – and how trying to follow them will steal me away. In the US I didn’t have any family or any support system and [...] you realise it is only going to get deeper and more dangerous, so I have to pull back to take care of myself”. (Leyla, 30s, Asian Crimean Tatar, queer woman, asylum-seeker, affected other).*

Leyla and N’s experiences demonstrate how their migrant experience that involved multiple movements inter- and intra-nationally produced an absence of an informal social support system. This absence then impacted their ability to reduce gambling harm whether for themselves or for another. Contrastingly, N specifically stated that his current social support system has been integral for his recovery,

*“Perhaps most important was the help I received from a few close friends at Uni, without their accountability and encouragement, I wouldn’t have the strength to stick it out. It took about two years of lapses and relapses before it finally stuck, and I achieved sustained recovery.”( N, 20s, white, gay man, person who has gambled).*

Having a strong social support system has been identified as an important part of people’s recovery capital in relation to gambling harm.<sup>63</sup> It is therefore important to understand the multiple social determinants for isolation that potentially increase a vulnerability to gambling harm.

Another theme related to having a migrant background – coming from a racialised minority in the UK and gambling harms – was discussed by George whose grandparents were part of the Windrush generation migrating to the UK. George was asked if there were any particular circumstances that they thought enabled gambling and they replied:

*“Poverty. That was always the context in which it’s ever been around me and it sells this idea of escaping poverty through miraculous circumstance. And because of having a migrant background the message is always escape poverty at all costs. Like your only job is to get out of poverty.” (George, 20s, Black mixed-race, trans and non-binary queer, affected other, with experience of homelessness).*

Poverty is explicitly mentioned as a circumstance that creates the conditions for gambling and related harms because of gambling being seen as a way to ‘escape’ inadequate socio-economic conditions. For George, the need to escape poverty was closely linked to their migrant background and social expectations. However, several of the participants also discussed the influence of being poor and the precarious living conditions that shaped their experiences, with gambling often seen as a potential solution to financial hardship and the cost of living.

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<sup>63</sup> Pickering, D. et al. (2019). What does it mean to recover from a gambling disorder? Perspectives of gambling help service users. *Addiction Research & Theory*, 28(2), 132–143.

## Theme 2 “It is there in your face all the time”: The normalisation, availability and accessibility of gambling

The photovoice process was used as an opportunity by multiple participants to question and challenge different aspects of the current gambling landscape in Great Britain. This related to how gambling is normalised and its widespread availability.

Sabrina stated in the interview that there was a normalised culture of gambling within her family that informed her relationship to it from a young age.

**“it’s almost like normal because my parents gambled, my grandparents gambled it was like normal, it wasn’t anything, but it was almost respected. Like, how much did you win this week? How much did you win today?”** (Sabrina, 50s, white, woman, person who has gambled, and experienced homelessness due to the impacts of gambling).

This differs with Linda’s experience (**see page 23**) where familiarity with the seaside arcades in previous family moments shared with her partner and her children meant that the arcades then became a place of escape from the controlling nature of the relationship at a later stage.

Several participants stated that the increasing prevalence of gambling, advertising, and promotions means the everyday physical and digital environments we inhabit are increasingly risky. For Kate, her previous experience of gambling harm informs her parenting decisions such as not allowing her child to have a smartphone, particularly in response to the proliferation and intensity of gambling promotion and advertising. Kate (see Image 10) visited an arcade with one of her daughters to take her photographs.

Image 10: A photo of her daughter at the arcade by Kate



*“it’s how easy and accessible it is, and how easily they push it at you. I’ve got two daughters. I think it’s really easy, it is there in your face all the time. It’s like if you go on the internet, they push, if you watch TV and there’s adverts, they’re pushing gambling on the adverts, and I suppose you always think you’re going to win. It’s very easy to get sucked in. I suppose they target vulnerable people, and that’s how they get people into it, because you are vulnerable in the first place.*

*I’ve purposely not given my daughters smartphones and that’s very unusual compared to other parents. But I know that there’s all those things that are going to try and hook her into things through social media. It’s being aware, and parents being aware, and for younger people thinking about how to prevent it.”* Kate (60s, white, queer lesbian woman, person who has gambled).

Kate emphasises the feeling of being subject to advertising and promotion ‘all the time’. In particular, she is concerned with the way gambling promotion, social media, and other potentially harmful aspects come together in online environments. In contrast, David focuses on the in-person establishments on his high street and emphasises the level of active resistance required. He stated that he says in his head:

*“I’m not going in there today because I don’t do that anymore’, which is what I do quite a few times whenever I go to the shopping area. Always I’m saying to myself, ‘You do not go in there today, David. You didn’t come down to do this.’”* David (40s, white, gay man, person who has gambled).

David went on to state that this resistance becomes more challenging if he is in a negative mood, which is when a lapse or recurrence of gambling harm is more likely. The proliferation of in-person and online gambling outlets means that both everyday digital and physical environments create a level of risk to gambling harm. Participants enact strategies within their control to try to minimise the risk to themselves or others. However, there is an asymmetry of power at work where those with lived experience are not able to counter fully the harms of environments shaped by the gambling industry.

Juno (see Image 11), similar to Kate, visited an arcade to take some photos for the project and was struck by the design and form of the slot machine that they remember their Dad using.

Image 11: Blur X by Juno



*“Walking around all the lights kind of blur together and it gives me the feeling of being intoxicated and just lost in times blending together. The gambling industry knows that the lights and sounds are addictive, and they really play into that. And they know that they can profit off of it.”* (Juno, 20s, white, agender lesbian, affected other, with experience of homelessness).

Juno in their narrative for Image 11 Blur X, focuses upon the intentional sensory design of gambling products that increase the risk of harm. This intentionality of harmful design to increase the money spent while using them for some gambling products is backed up by the research literature.<sup>64</sup> The photovoice process enabled those with lived experience of gambling harm to critically engage with their environments that are shaped by commercial gambling interests.

It is important to explore further the complexity of what participants may explicitly state as the personal reasons and set of circumstances that led them or someone close to them to gamble and the wider social circumstances that acted as drivers for gambling harm. Factors such as the normalisation, availability, and accessibility of gambling products were described as playing an important role in gambling harms. The commercial determinants of gambling harm are frequently obscured due to the dominant focus on individualised narratives of harm. However, through the photovoice process participants challenged the normalisation and widespread availability and promotion of gambling. One participant, N, stated clearly and unequivocally the need for a preventative approach to gambling harm:

64 Schüll ND. (2012). *Addiction by design: machine gambling in Las Vegas*. Princeton University Press; Wardle, H. et al., (2024). *The Lancet Public Health Commission*.

*“I believe it is possible to prevent so many people from developing a gambling addiction in the first place. As a society, we treat alcohol and tobacco consumption as a public health issue. Gambling harm can be meaningfully reduced if it is addressed from that perspective too. Stop exposing gambling content to vulnerable groups of people, stop assigning the sole responsibility of gambling addiction to the individual and viewing it as a character flaw, and acknowledge the true cost of gambling harm, from how family members are affected to the widening of inequality as a result of gambling.”* (N, 20s, white, gay man, person who has gambled).

N argues succinctly for a public health approach where responsibility for gambling harm is not relegated to the individual but held at the societal level. Interrogating the current gambling landscape in Great Britain from a lived experience perspective is important in resisting the dominant framing that problematises the individual and instead problematises gambling products, promotion and normalisation within culture.

### **Theme 3 “I’m sorry that there wasn’t extra time for you, Dad”: Gambling harm as loss of money, time and connection.**

There were several ways in which participants had experienced gambling-related harms. The harms were wide-ranging, multidimensional, and overlapped with each other and a specific theme arose, concerning gambling harm as the loss of money, time, and connection. The different harms highlighted below are not exhaustive but specifically convey some of the experiential aspects of gambling harm that were foregrounded through the photovoice process. In Image 12 Sabrina represented what gambling harm meant to her:

**Image 12: A photo of gambling harm by Sabrina**



*“it really was just like flushing money down the toilet. Gambling harms to me is not really having any concept of money.”* Sabrina (50s, white, woman, person who has gambled, and experienced homelessness due to the impacts of gambling).



For David, budgeting was not only a practical financial tool but also a coping strategy informed by his emotional experience with gambling harm. It provided a sense of control and protection against the recurrence of gambling harms and the emotional distress associated with the loss of money to gambling. Importantly, David emphasised the harm was not just the immediate loss of money, but it also represented the loss of future possibilities. Therefore, financial harm is extended beyond the present moment to the loss of an immediate future.

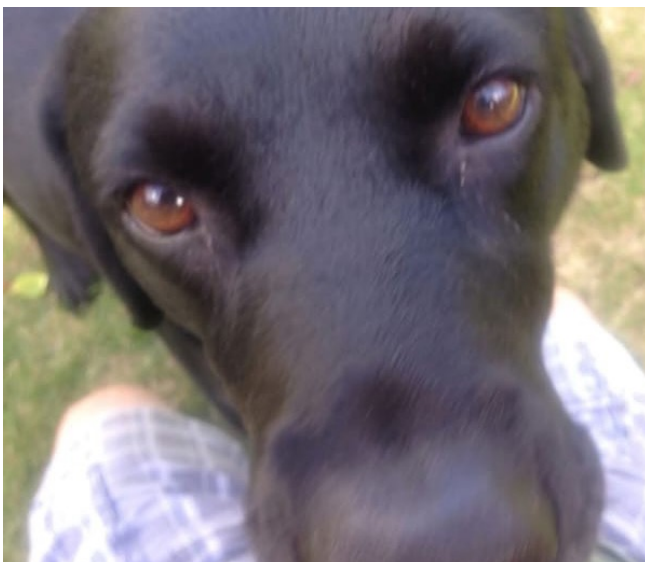
For affected others who had a family member who gambled, there was often the impact of needing to process the trauma of growing up in a household where gambling harms were present. For example, in the section on stigma (page 24) above, Eli and Juno both discussed the feeling of responsibility they experienced as children for not being able to alleviate the harms they witnessed, whether these were the emotional distress and relational strain or material impacts such as the state of disrepair in the home. Additionally, Juno discussed the mental strain they experienced from feeling “parentified” as a mediator and responsible for fixing the home and familial relationships:

*“if I found a new credit card [and told another family member] it was like betraying my dad, but if I didn’t, then I’m like part of the problem and it’s just so unfair and not a responsibility of a kid. And very much like I had to fix stuff all the time. [...] It was like I was a third parent and all of their therapist as well mediating between them” Juno (20s, white, agender lesbian, affected other, with experience of homelessness).*

Both participants who had a parent who gambled but did not gamble themselves discussed having to overcome forms of unhealthy substance use or behavioural patterns. The impacts of intergenerational harms and the development of unhealthy coping strategies to deal with the harm experienced in childhood requires greater attention and has the potential to inform holistic support interventions. A recent review of the legacy harms from gambling concluded further research on the intergenerational impacts is required.<sup>66</sup>

Another important experience of gambling harm that impacted relationships was the loss of time and emotional capacity due to gambling. Several participants felt this impeded the formation of deeper, more meaningful relationships with others or pets. For David, a photo of his dog (see Image 14) conveyed the emotions tied to recognising the loss of time and luxury for himself and those around him due to gambling harm. David’s father passed away during the photovoice process.

**Image 14: Photo of Charlie by David**



66 Rockloff, M et al. (2022). Legacy Gambling Harms: What Happens Once the Gambling Stops? Current Addiction Reports, 9, 392-399.

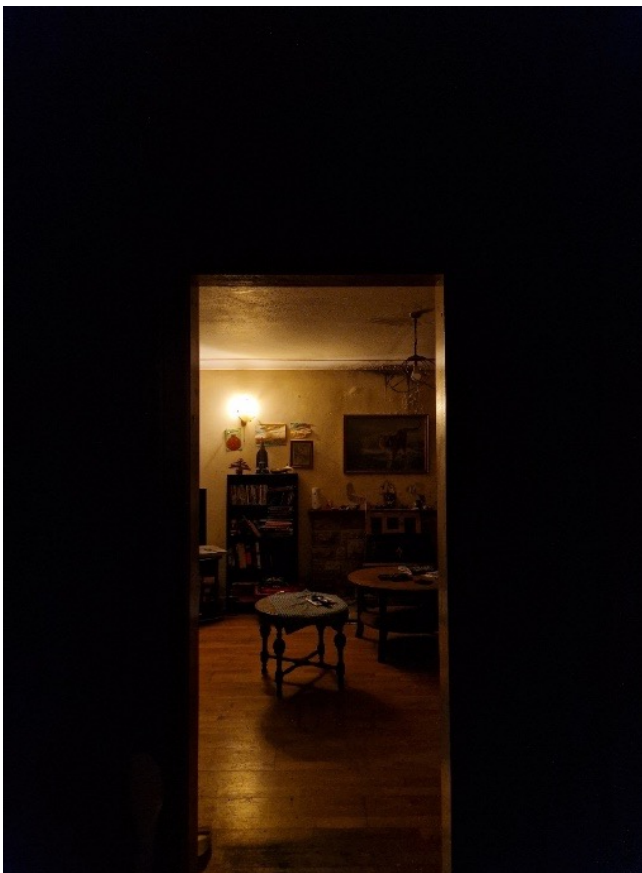
*"I'm sorry that there wasn't extra time for you, Dad. And I'm sorry there wasn't a more luxurious toy for you, Charlie. The basics were covered. Could more have been done without gambling? Could luxury have been done without gambling for them? Yes. As well as a bit of luxury for me. My photos, part of this study, will show you that there was love and will show you that the basics were covered in life for that love. But don't forget the message that either one of them lost a bit of luxury at a certain time."* David (40s, white, gay man, person who has gambled).

The loss of time with family members was also an important experience of harm for affected others. Juno stated the impact of their father's gambling on their relationship and the time they spent together. They describe their feelings attached to Image 15, of waiting at home for their father to come back from gambling, and their memory of going to the arcade:

*"It also gives me a feeling of waiting for my dad to come home after gambling, thinking that he'd be back in like an hour or two. And then it'll be ages, and I'd just be waiting for him to come home. [...] Going back to an arcade was odd and brought up a lot of memories of my dad taking me and my brother there and being stuck there for hours while my dad gambled."* Juno (20s, white, agender lesbian, affected other, with experience of homelessness).

Image 15: Hallway by Juno

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The loss of time and connection with those around you was an important gambling-related harm to convey for multiple participants. Previous research has indicated the role of parental absence as a gambling-related harm.<sup>67</sup> The narratives shared by participants bring to the fore the loss of time and connection with family and others as a gambling harm. As elaborated upon in the next section, this loss of connection became apparent in their recovery and reflections. For some participants, this manifested as a preoccupation that not only disrupted relationships, but also impacted their self-esteem and identity, demonstrating the pervasive and multifaceted nature of gambling harms. For example, when discussing the impacts of gambling on forming and maintaining friendships, David stated: *“I am going to be bloody hard work because my mind is elsewhere”*. This mental preoccupation due to the loss of money to gambling and its consequent impacts made the formation of close and meaningful friendships much more difficult.

This research highlights how gambling harms for participants extended far beyond immediate financial loss and were experienced as a loss of time and connection which collectively impacted their overall wellbeing. Additionally, as discussed in the section on shame and secrecy (page 29) the disrepair of Juno’s home environment has had lasting consequences for their physical health. Similarly, Sabrina’s experience of homelessness and housing insecurity during her recovery negatively impacted the possibility to rebuild financial stability.

While these accounts do not provide an exhaustive overview of the diverse harms incurred, they do emphasise the multifaceted nature of gambling harm, spanning multiple determinants of health including financial capital, social capital, housing security, and overall liveability.

Moreover, they bring to the foreground the emotional and experiential aspects of gambling harms that accompany the loss of money, time, and connection.

#### **Theme 4 “I actually feel optimistic about my future”: Benefits and ‘constant maintenance’ of recovery**

A key theme that was generated was the benefits experienced from being in recovery, alongside the recognition that the recovery journey requires continual maintenance over time. Participants who had gambled shared that by being in recovery they now had the time and ability to focus upon their mental and physical wellbeing, and to create more meaningful relationships with those around them and their environment. Sabrina (see Image 16) emphasised how being ‘present’ has meant she has been able to build and enjoy meaningful relationships with her environment or other living things.

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67 Suomi, A. et al. (2023). “It’s like you’re not even there...”: Gambling harm experienced by children of gambling parents. *Children and Youth Services Review*, 145, 106800.

Image 16: A photo of friendship by Sabrina

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*“The last couple of photos are, being present and in better clothes and, you know, being more aware of life. My dog following me, really reconnecting with nature and enjoying friendship. Connecting with real friendship, connecting with friends on a really deep level because you’re not obsessed with trying to raise funds for your addiction. Instead focused on nature and friendship and love and life.”* (Sabrina, 50s, white, woman, person who has gambled, and experienced homelessness due to the impacts of gambling).

For N, recovery meant reclaiming mental wellbeing and a feeling of looking forward to the future:

*“Now I feel very safe in my recovery, now I don’t have any urges, and I just feel a lot more present in my life. I’m not as anxious as I was, and I actually feel optimistic about my future, about what’s ahead. Before when I was gambling I could never be present, I always had negative emotions about the future and the present”* N (20s, white, gay man, person who has gambled).

N also added that his support network is now composed of gambling peer support and close friends he can talk to (**see section on migration on p32**). Both Sabrina and N emphasise the building of a more meaningful life and the joy of this, due to being more ‘aware’ and ‘present’ in their lives. Having meaningful relationships, in particular friendships, is thus a key part of their recovery capital. Sabrina, in her feedback on the draft report stated the important role of having someone to communicate with when significant life change occurs during recovery, for example inheriting money, as it can act as protection from the recurrence of gambling harm.

Another participant, David, brought in his weekly planner (see Image 17) to the interview to centre his coping strategies that are a key resource in his recovery. He uses the terms ‘cock-up’ or ‘fuck-up’ to describe a potential lapse or the recurrence of gambling harm.

Image 17: A photo of David's Weekly Planner by MS



*“For me it’s just a reality to not live in the past [...] It suits me to be organised. It’s a coping strategy that allows me to get the most out of what I’ve got to do..., with the minimal impact of a potential cock-up or fuck-up. You never know if you’ve got enough resources or your own knowledge to minimise future fuck ups. I think it’s a constant maintenance. But if you don’t draw a line under the past shame of what you’ve spent, what it’s cost you, then, yeah, you will carry that into the future without a doubt.” (David, 40s, white, gay man, person who has gambled).*

Recovery is a ‘constant maintenance’ where the resources and self-knowledge to sustain it are continuously in motion. The process of recovery is conveyed as not a linear progression in time, but something actively sustained by utilising one’s own knowledge and resources. It is also important to consider how to proactively shape environments that support sustained recovery and reduce the risk of future gambling harms. This involves recognising that the responsibility for maintaining recovery does not rest solely with the individual or their recovery capital.

Within the growing focus on gambling harms research, there is a risk of perpetuating what has been termed the ‘trauma industrial complex’<sup>68</sup>, where those with lived experience are encouraged to share personal narratives that often emphasise harm and negative experiences. In contrast to this, the open-ended nature of the photovoice process enabled participants to convey what was of importance to them, which sometimes was a communication of the harms experienced, but also included a desire to convey the benefits of recovery and how they have addressed experiences of gambling harms during their recovery journeys. These benefits of recovery are often underrepresented in research and provide valuable insights for shaping medium and long-term support strategies. Moreover, all participants were more confident and in a place of acceptance with their sexuality, gender identity and other identities and experiences, which is important for living a fuller life. As Sabrina stated, *“The only way I think I’m doing well in recovery is because I’m now accepting my neurodiversity. I’m accepting who I am and my sexuality.”* This theme supports previous research that recovery from gambling harm extends beyond a specific focus on symptoms to building a meaningful life beyond gambling.<sup>69</sup>

68 McGarvey, D. (2025). *Trauma Industrial Complex: How Oversharing Became a Product in a Digital World*. Penguin.

69 Pickering, D. et al. (2019). *What does it mean to recover*.

### 3.2 REFLECTIONS ON THE PHOTOVOICE PROCESS

Participants expressed that the photovoice process was both a useful and generative process for them, whether it was due to being able to express and communicate experiences and feelings through a creative practice, or because of the dedicated space for reflecting on their experiences.

For example, the visual medium of photography allowed Juno to express what they could not put into words

*“I feel like it’s really like expressing how I feel a lot and it’s getting something out.”*

Similarly, Leyla stated,

*“I love creative work, and I love expressing myself through art and I also really enjoyed going out to these sites... because the creative work coupled with the nature, really made a difference for me. I found a bit of space in this project, very, very uplifting and inspiring.”*

Sabrina stated how the photos have taken on importance as ‘anchors’ as part of her recovery

*“...some of those photos are a real anchor to make you think ‘God I never want to gamble again,’ you know, throwing money down the toilet... I’m going to put those photos up on the wall ... because that is going to be my anchor”.*

Sabrina later stated that the process had been ‘life-changing’ as it had opened new directions, personally and professionally.

Furthermore, David reflected that the process helped him recognise his ability to make meaningful contributions, while also providing a space for reflecting on his personal journey:

*“When you first asked me for photos I was slightly concerned because I was worried, certainly at the start of this study, that I was going to be less emotional to an object or to a person because I couldn’t look them all in the eye. But after everything that I’ve been through, I could look everybody in the eye.”* David (40s, white, gay man, person who has gambled).

For George, they reflected that by engaging in the research they have realised that gambling harm is not discussed openly amongst LGBTQ+ people. George stated that

*“Gambling is a silent thing in queer spaces, like gambling is happening, but it’s not talked about. And so from this process, I’ve started to speak about it a bit more. It’s its unsaidness.”*

Following the circulation of the early draft report and seeing others’ experiences Eli stated that it has,

*“been beneficial in recognising gambling patterns and understanding their impact at a deeper level.”*

Being able to see participants come together and interact with each other and their photos at the exhibition was very meaningful for the research team. Following the exhibition, one participant expressed that talking and sharing with another participant at the exhibition was the first time they had discussed their experience with someone who had similar experiences.

### 3.3 ACTIONS FOR CHANGE

A key aim of the photovoice process was not only to deepen understanding of the lived experiences of gambling harms among LGBTQ+ individuals, but also to develop an overview of the actions participants would like to see implemented. The list of actions below therefore differs from recommendations for policy and practice more typically found in health-related research.

The actions for change serve as a combination of what those with lived experience explicitly stated, as well as observations inferred from the analysis across the interviews by the research team. They present a range of changes desired across different scales and policy domains, reflecting the interconnected and multi-faceted nature of gambling harm. Participants highlighted a range of desires and ideas for change ranging from specific suggestions for gambling-support to wider, systemic changes necessary for prevention.

### **Gambling-related treatment and support**

- Service providers should further develop gambling recovery support systems that address the multiple intersectional factors contributing to gambling harms for the individual such as LGBTQ+ people who are neurodivergent.
- Treatment and support services should be visibly safe and inclusive spaces for LGBTQ+ individuals. This includes access to peer-led support, the option to work with a LGBTQ+ counsellor, and culturally competent care that is informed on LGBTQ+ identities and issues. Peer-led support services should create spaces for open discussion around identity, stigma, isolation and belonging, recognising the influence these factors may have had on an individual's experience of gambling harm.
- Visible messaging should be LGBTQ+ friendly and indicate that the support already available is for everyone and not only when 'it gets bad enough' financially, emotionally or otherwise.

### **Gambling-related regulation**

- Regulatory frameworks must urgently address the need to significantly reduce, or ban entirely, gambling advertising and promotional content, particularly on television and digital platforms such as social media.
- Gambling advertising must be made less appealing, especially to those who are emotionally, financially, or socially vulnerable, to reduce its potential to exacerbate harm.
- A preventative public health approach is needed that centres gambling harms and not the commercial interests of the gambling industry.
- Greater and more effective regulation is required of the gambling industry to limit the accessibility and availability of gambling products.

### **Education to increase awareness and reduce stigma**

- There needs to be greater awareness of the wide-ranging impacts of gambling-related harm on the individual, those around them, and wider society such as the proliferation of inequalities. This includes specific awareness raising within LGBTQ+ populations and spaces.
- There is a need to raise awareness around early exposure to gambling, particularly considering technological shifts that blur the boundaries of what constitutes gambling; this includes the gamification of gambling, and the increasing 'gamblification' of gaming.

### **Wider health support**

- Support should be multi-faceted and holistic whilst attending to different parts of a person's experience, identity, and positionality.
- Low-cost, tailored support services should address and help process intergenerational trauma, which may contribute to an individual's gambling behaviour or result from gambling-related harm. For instance, trauma-informed counselling should be made more widely accessible.
- Access to mental health support should be both timely and LGBTQ+ inclusive.
- Stable and liveable housing is required as a fundamental foundation for recovery from gambling harms, particularly in supporting financial stability and long-term wellbeing.
- Initiatives are needed that facilitate the creation of social support systems for those who may be vulnerable to isolation such as migrants.
- Efforts should be made to challenge and dismantle toxic forms of masculinity that discourage emotional vulnerability, as these can intensify emotional distress and act as barriers to accessing support for mental health problems and/or to address gambling harm.

### **Systemic changes necessary**

- Comprehensive poverty prevention strategies are needed to address the underlying material deprivation that can drive individuals towards gambling. Reducing economic hardship is essential to diminishing the perceived need for gambling as a coping mechanism or financial solution.

## 4 CONCLUSIONS & NEXT STEPS

### 4.1 SUMMARY

The use of photovoice to explore gambling harm within LGBTQ+ communities brought several key themes to the forefront and provided a unique lens through which to view gambling harm. Significantly, the method captured the complexity and nuance of lived experiences through emotive and visual storytelling, an approach that is crucial for building empathy and raising awareness. The research underscored the importance of being able to be open about LGBTQ+ identity and experiences in gambling specific treatment and support. Moreover, that support needs to address multiple dimensions such as neurodivergence, trauma, and the wider social support systems available to a person. The photovoice method importantly foregrounded the perspectives of LGBTQ+ individuals impacted by gambling harm, creating a multiplicity of voices on this underrepresented health inequality.

The analysis highlighted four overarching themes on the lived experiences of gambling harms in LGBTQ+ persons. Firstly, the **intersectionality of vulnerabilities to gambling harm**. This theme began with narratives in relation to how being LGBTQ+ can shape the experience of harm in multiple ways. For some, experiences of minority stress created isolating situations that they sought to 'escape' from through gambling. Narratives surrounding secrecy and stigma around both sexuality and gambling harm illustrate how intersecting stigmas can produce a distinct experience of secrecy.

For some participants, acknowledging their neurodivergence played a crucial role in their recovery journey, particularly in fostering understanding and accessing appropriate support. The last intersectional vulnerability focused upon was the potential role that being a migrant and moving around can have on access to social support as a resource to protect against gambling harms. The experience of needing to escape poverty, particularly as shaped by having a minoritised race, ethnicity and migrant background, was also highlighted.

Secondly, participants' narratives both illustrated and critically examined the **normalisation, availability, and accessibility of gambling** in Great Britain today. Participants described taking proactive measures to protect their children from potential harm and expressed support for a public health approach to address gambling-related issues.

Thirdly, the **lasting and wide-ranging nature of gambling harms** that impact the health and wellbeing of participants was outlined, which emphasised some of the often-overlooked experiential impacts in relation to time and the formation of meaningful relationships.

The final theme focused on the **benefits of recovery**, particularly in fostering new relationships, with both the future and with people and environments that hold personal meaning. Participants emphasised the non-linear nature of recovery, describing it as a process of 'constant maintenance'. The benefits of recovery were deeply meaningful to participants and reflected forms of resilience that are often overlooked in research on gambling-related harms.

The wide-ranging nature of the proposed 'Actions for change' demonstrates the need for change across a range of scales from specific recommendations in relation to gambling support to a preventative approach that reduces opportunities and availability of gambling and gambling harm.

The reflective space of the photovoice process provided an opportunity for, and communication of, a questioning of the normalisation and availability of gambling. Combined with the identification of the role of minority stress as potential environmental risk factors, these findings point towards an approach that focuses upon the social, commercial, and environmental conditions that determine gambling harms. For example, the identification of vulnerabilities as outlined above should not lead to an approach that essentialises risk onto certain demographic and sub-group characteristics. This further perpetuates the normalised and taken-for-granted nature of detrimental societal conditions that could potentially exacerbate gambling harm. Participants' narratives highlighted the dual nature of vulnerability, as both a source of risk and a potential resource, which may contribute meaningfully to an individual's recovery capital. Alongside the thematic findings on the lived experiences of gambling harms, the study also highlighted the potential of photovoice and the exhibition as ways to engage audiences and the public. Feedback from the exhibition and impact event highlighted the role of combining photographs with personal narratives as a form of human-centred storytelling. This approach effectively conveyed how gambling harms intersect with LGBTQ+ identity and experience and helped audiences understand why these issues matter, fostering empathy and engagement. This combination of awareness and empathy is necessary to counter the stigmatisation at work around gambling harms with minoritised populations. There is further potential to utilise action-oriented, creative, and participatory approaches that centre lived experiences of gambling harm.

## 4.2 NEXT STEPS AND FURTHER RESEARCH

The photovoice study opens up new lines of enquiry for further research that is developed with those with lived experience of gambling harms. This study highlights the need for further research into the intersection of neurodivergence and gambling harm within LGBTQ+<sup>70</sup> communities, particularly in light of indicative evidence suggesting that a high number of neurodivergent individuals identify as LGBTQ+. Future research should enhance our understanding to inform treatment and support services.

The potential development of tailored and specific services to support LGBTQ+ individuals impacted by gambling harms should be accompanied by effective evaluations that recognise the complexity of harm and its legacy effects. The study also opens avenues for further research that uses photovoice to critically interrogate gambling products, their promotion, and their widespread availability, particularly through the lens of lived experience. Participatory action research that turns the focus towards the commercial determinants of harm would produce a powerful counterpoint to the decades of research that has predominantly problematised the individual.

Further research on the true economic cost of gambling-related harms that accounts for the wide-ranging nature of harm is needed. Further research exploring the intergenerational impacts and legacy effects of gambling harm would help address a significant gap in the current evidence base and potentially be a beneficial collective space for enhancing self-understanding for those with lived experience. Such inquiry could deepen understanding of potential connections between growing up in environments affected by gambling harm and the development of behavioural or substance use disorders. Additionally, the role of creative methods in expressing difficult emotions and facilitating relational repair warrants further exploration, particularly as part of individuals' broader recovery journeys.

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70 Blair, M. (2025). The Link Between Neurodivergence and the LGBTQ+ Population. Psychology Today, June 5th, 2025. <https://www.psychologytoday.com/us/blog/eating-disorders-among-gender-expansive-and-neurodivergent-individuals/202506/the-link-between>

## GAMBLING-RELATED SUPPORT

In this section, please find information and details of organisations who are here to help you whether with your own or another's gambling, mental health, or debt. Information was correct at the time of publication (Autumn 2025).

- **GamCare** – Provides National Gambling Helpline – Free 24-7 **0808 8020 133**. GamCare also provide online live chat and a WhatsApp chat with an adviser on 0808 8020 133.
- **GambleAware** – Visit their website for self-help tools and to find the support available in your area.
- **LGBTQ+ Switchboard** (national LGBTQIA+ support line) – Helpline open 10:00-22.00 every day. Call 0800 0119 100
- **Brighton & Hove LGBT Switchboard** – helpline open 7-9:30 pm on select days. Call 01273 204050
- **Breakeven** – Provides counselling support to those whose lives are affected by gambling. Self-refer using an **online form** or phone 01273 833 722.
- **Gamblers Anonymous** – Provide peer-led group support on gambling. Visit their website to find your nearest in-person or online meeting.
- **Gam-Anon** – Companion organisation to Gamblers Anonymous and provides support to those affected by someone else's gambling. Visit their website to find your nearest in-person or online meeting.
- **Galop** – Provides support to LGBTQ+ people who have experienced abuse and violence. Call 0800 999 5428
- **Gordon Moody** – Provides a range of treatments for gambling disorders including residential support.
- **Step Change** provide advice and support on debt. Access support online or Phone 0800 138 1111 Monday to Friday 8am to 8pm and Saturday 9am to 2pm.
- **The Samaritans** – Call 116 123 – Free 24/7 – for anyone who needs someone to talk to.

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# APPENDICES

## A. PHOTOVOICE GUIDANCE



Understanding gambling in LGBTQ+ communities  
**GambLGBTQ+**

Support is available 24/7: 0808 8020 133



University of Brighton



GambleAware

# Photovoice Guidance

### Do:

1. Take photographs of what you feel reflects your experience
2. Be as creative as you like – the photographs you take can be of anything that is meaningful to you.
3. Think about what is included in the frame, what is in focus and what's not, the lighting, and the perspective.
4. Respect others' privacy and look after yourself when taking photos

### Don't:

1. Don't worry about taking the perfect photograph.
2. Don't take photographs of other people (adults or children). People can be included if they cannot be identified e.g. not face but back of heads or hands, and that you have their consent. Or if part of a crowd in a public space at a distance.
3. Do not take photos that include details that contain identifiable information such as places (e.g. the outside of your home) or documents or accounts that show personal details.

Any questions about the research or to send a photo, email Matt at [LGBTQgambling@brighton.ac.uk](mailto:LGBTQgambling@brighton.ac.uk)

## B. PHOTOVOICE INTERVIEW TOPIC GUIDE

### Opening question:

- You have taken some photographs that reflect your lived experience of gambling can you tell me what you have taken photos of and why?

### Follow-up prompts (dependent upon how detailed the participant is or isn't in relation to the first question).

#### Section 1: Discuss photos and experience

- What was it about [the photo content] specifically that you feel is important?
- What feelings do you associate with the photo?

#### Section 2: Experience of gambling and support

- How does this relate to your own experience of gambling?
  - How does gambling impact your life? Has this changed over time?
  - What types of gambling have you spent money on? Has this changed over time?
- Have you sought support around the impacts of gambling?
  - Is this formal services e.g. helplines, counselling, group support or informal e.g. family, friends, partners?
- Do you have sources of support for your mental health and wellbeing?
- Is your experience of gambling influenced by being LGBTQ+ or any other intersecting identity or background you have?

#### Section 3: Thinking about wider social circumstances

- Why do you think this situation, concern or strength represented exist?
- Are there particular circumstances that enable gambling?
  - E.g. is it related to your mental health, relationship to finances, feelings of boredom or isolation.
- Are there particular circumstances that help not gamble?
- Are there particular barriers or things that make it difficult for accessing support in relation to your gambling?
  - Are there things that make it easier to access support?

#### Section 4: Improvement for the future

- In what ways do you think the situation can be improved or to enhance the strengths that exist?
  - What might support you against gambling harms?
  - Are there things that could be changed to reduce the impacts from gambling?
  - At an individual level? At a society level?
  - How could we support this change?

#### Section 5: Photo Exhibition

If you want your photos and accompanying narratives to be part of a photographic exhibition, we will discuss:

- How would you like them to be presented e.g. particular photos to be included or not used?
- What should the wider photo exhibition say about gambling and its associated harms?
- What would you want people with decision-making power to hear and take away from such an exhibition?

### Conclusions

- Do you have any other final remarks/questions?
- Is there anything else that you think should or could be done to help improve or support LGBTQ+ people who would like to reduce or stop gambling?
- Is there anything else you would like to share that we haven't already covered?
- How have you found participating in the research and reflecting upon your experiences of gambling and related harms?

### C. PHOTOGRAPHY EXHIBITION POSTER

The photography exhibition poster was designed by Alice Strutt.



